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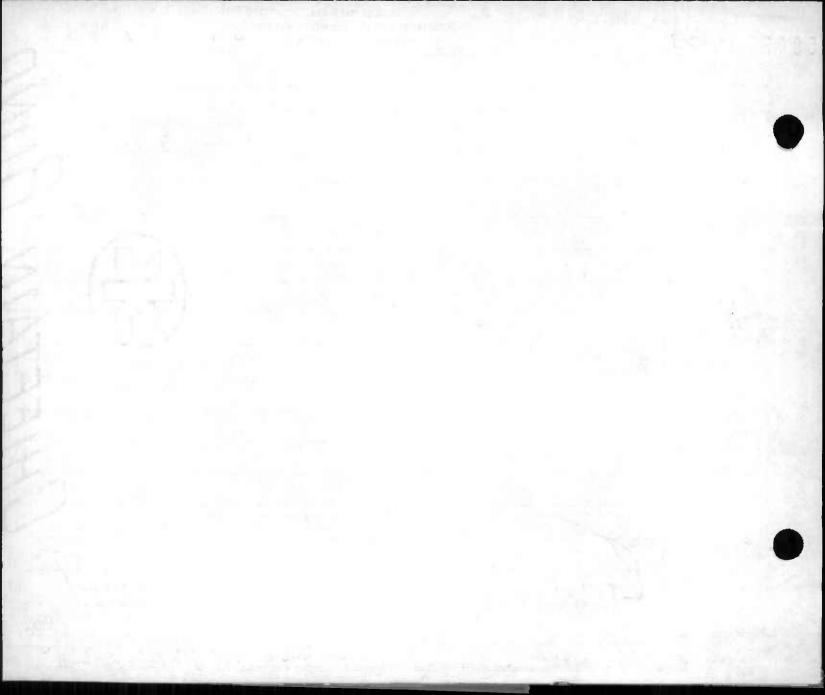
0)	8) -	FOR STATE REGISTRAR			DEPART		ICATE OF D		IENE 8	REG. NO.	1	7 4	5	Ü
П		CEASED NAME	FIRST	- /	MIDDLE		LAST		2a DATE OF D	EATH MON	NTH DA	YEAR	26 HC	UR .
	TITPE		RONALD		G.	AKE	R			6	.30	87	190	20 AM
	3 SE	X	1	RACE		S. DATE (YEAR	6 AGE (IN YEAR	S LAST BIRTHDA		FUNDER I YEAR	IF UNDI	ER 24 HRS
		MALE		WHIT	E		V. 21	1922	64		YRS.	MINS	HOURS	MIN.
5		IRTHPLACE (STATE	OR FOREIGN 7		WHAT COUNTRY?	8	D X NEVER A		9 BALTIMORE	CITY OR C	OUNTY	F DEATH		
٥		VIRGIN	IA	U.S	.A.	WIDOWI		VORCED [Hart	ord (Cour	241		MD.
1	10. CI	ITY OR TOWN OF I	DEATH 1	1. NAME OF	HOSPITAL, NURSII		OR OTHER INST	ITUTION	12a USUAL OC			120 KIND (OF BUSIN	VESS OR
X		FALLST	ON	Fallste		eral	Nosain	al	CARPE			CONST	TRUC	TION
1	13a. S	AL RESIDENCE (IF N	136 COUNT	THER INSTITUTION	GIVE RESIDENCE BEFOR		1 13d. INSIDE C	ITY LIMITS?	13e STREET AD		P CODE		210	85
1		MD.	HAR	FORD	JOPPA		YES 🗌	ио 💢	1501			RD.	SC	UTH
1	14. FA	ATHER'S NAME	M	IDDLE	LAST			FIRST		MIDDLE		LA	ST	
-			YES		AKER			GEORG	IA					
		VAS DECEASED EV		WAR OR DATES)	16b SOCIAL SECT		17. INFORMA			ADDRESS				
		NO			221-12-	-1815	TTT!	CLE MA	E AKER	(MTI	EE)	SAME	ADD	
	NOI	Conditions, if a gave rise to couse on, sh underlying co PART 2 OTHER 5	immediate ating the use last	DUE TO, OF	R AS A CONSEQUE	ENCE OF	NOT RELATED	TO THE TERM	INAL DISEASE C	DR CONDITI	ON GIVEN	Y TH PART 1		5
1	CERTIFICATION	IN DATE OF OPE	RATION	IM. COND	ITION FOR WHICH	STATE OF THE STATE			70+ AUTOP	10 D	b. IF YES, \ CERTIFY! YES	WERE FIND! ING CAUSES	NGS US S OF DEA	ATH?
5	A 17 C A 1	21a. ACCESSAT WAS OR CONTRIBUTING [CALME OF DEAT	HOUR A	M. MONTH D	AY YEAR	SIL HOW IN	JURY OCCURR	RED TENTER NATUR	III OF INJUST IN	CEM IS PAR	STORPHET 2:		13
	MEDICAL	ZIE INJURY OCC	URRED	21s PLACE I	OF INJURY HET FACTORY OFFICE	imm fici]	211 LOCATIO	214		in of some	19	counts		STATE
1		22s.1 certify that saw the dep obove (1) (2) 22s. SIGNLATURE 22d. FM/SICIANS	dive un	view the body	10		DEGREE	TO COUNTOR OF THE PHYSICIAN A	MEDICAL DIRECTOR	STAFF		The Date		
		BURIAL CREMATIC		TIR DATE	The second second	NAME OF C	EMETERY OF C	REMATORY FAITH	23d LOCATI	ON LTIMO	ORE	COLMIY		"MD.
	24 FI	UNERAL DIRECTOR	2			T		L25g DAT	E REC'D. 8Y REC	SISTRAPIAN	REGISTRA	AR'S SIGNA		

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

SCHIMUNEK FUNERAL HOME, INC. 9705 Belair Rd., Balto. Md. 21236

Julia Dandon Badal



3 0 2 Jun 2	FOR - SIATE REGISTRAR	DEPARTMENT O	TATE OF MARYLAND OF HEALTH AND MENTAL HYG TIFICATE OF DEATH	IEN 7	7 4 5
	ECEASED NAME TANCE	S ROLAND A	AREW TE OF BIRTH	28 DATE OF DEATH MONTH TWC 18 4 AGE 199 PLANS LAST BREWORD	1987 10:50 AM
atom of	Male	White 1	2 29 1917	69 vi	MONTHS DATS HOURS MAK
4 62 69 74	BIRTHPLACE (STATE ON FOREIGN COUNTRY) N.Y.	20733	RRIED X NEVER MARRIED DOWNED DOWNED DOWNED	Harford	NTY OF DEATH MD.
W CON	AUTO DE GRACE	TI. NAME OF HOSPITAL, NURSING HOM INDIT IN SUCH PACIFITY OF SEPTET ADDRESS. AT FORD	ial Hospital	The USUAL OCCUPATION (THE OF WORLD Army-Retire	
1/33 N	laryland Har	ford Aberdeen	YES NO X		oo∈ 21001 iladelphia Rd#
\$ 20°	Harry	Andrew	Florence	WEDDIE	Andrew
Poges	WAS DECEASED EVER IN U.S. AF	VE WAR OR DATES!	O Toni E. And	1121 01 drew Aberdee	d Philadelphia Rd
been signed by the other truit. Their please remove and to bursal, cremation bry rijury, or other troum		DUE TO, OR AS A CONSEQUENCE O	BUT NOT RELATED TO THE TERM		GIVEN IN PART TIO
5 2 5 5 A	The ACCIDENT WAS UNDERLYING [SECTION AND SECURITION OF SECU	VANDA INC. CO. CO. CO. CO. CO. CO.	YES NO NO	PETIFYING CAUSES OF DEATH? YES NO NO
Service of the servic	CAUSE OF DE	ALE HOUR A.M. MONTH DAY YE	AR 19 211 LOCATION	IED (ENTERNATURE ÖF MUDR) MUTEN	THE PART I ORPART 2)
th and he by arked or	AT WORK AT WORK	(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC	J. MARES	CITY OF TOWN	MATE YEARS
TO FUNERAL DIRECTOR: A thoughtol or thought be detected for use with the State Dept. of Health MPORTANT: if hem 21 is mo	saw the deceased alive as	of year the body after death.	Jand that in (my) (our) opinion of DEGREE ATTENDING PHYSIGIAN (death accurred on the date and	10
P	Burial Eremation, removal Burial		of CEMETERY OR CREMATORY	Aberdeen. Ha	rford Md.
H - 16 60M 7/84	FUNERAL DIRECTOR	Home.PA. Aberdeen. M	ZŠE DAT	UN2 2 1097	

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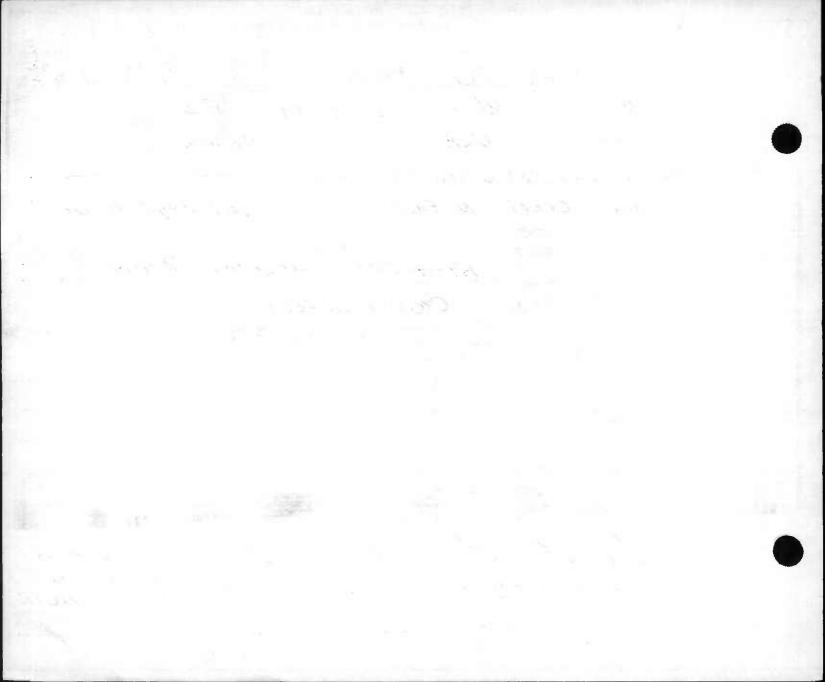
TATE	OF	MARYLAND	

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56588 JUN	a-	FOR STATE REGISTRAR	DEPARTMENT OF	FEOF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	0 / 1 /	452
page 3			C ASI	LAST	REG. NO. 20 DATE OF DEATH MONTH June X10 6 AGE (IN YEARS LAST BIRTHDAY)	DAY YEAR 26 HOUR 37
oth Page 4 m		$M_{\rm ale}$ μ	/ 1 //2	DAY YEAR OF	9 BALTIMORE CITY OR COUNT	MONTHS DAYS HOURS MIN.
201 by the by th	m		HOSPITAL, NURSING HOME CHEACILITY, GIVE STREET ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	126 KIND OF BUSINESS OR INDUSTRY Ind.
ARYLAND 21 workin 24 ho plets y filled i	13%	THER'S NAME FIRST Murdick MDD Ashey	N. EGT	13d. INSIDE CITY LIMITS? YES NO 14 15. MOTHER'S MAIDEN NA		side br
BALTIMORE, MARYLAND 2120 core be executed within 24 hours visions and completely filled in by open. Popes (and 2 hours) et ill wall.		AS DECEASED EVER IN U.S. ARMED FORCES? ES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)	166 SOCIAL SECURITY NO. 154-14-82	17 INFORMENT bbv	Ashey Address 10	7 Batside Dr.
es that the death certified by the attending phase remove corboning prices, remove corboning unal, cremation, or remote troumotite events.	NO	Conditions, if any, which gave rise to immediate	Carcher Carche	of prosi		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
VITAL RECOR	CERTIFICATION	210. ACCIDENT WAS UNDERLYING 21b. TIME C		21c. HOW INJURY OCCUR	IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? VES
DING PHYSICIAN; The low require or ottending physicion. After this certificate has been sig e as the buriol-tronsit permit. Then alth and Mental Hygiene prior to be marked or item 18 shows ony injury	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER) P. 21d INJURY OCCURRED 21e PLACE	M. MONTH DAY YEAR M. 19 OF INJURY REET FACTORY, OFFICE, FARM ETC.)	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
the hospital or the hospital or the LORECTON or a stocked for use he Dept. of Heal it if them 21 is m		22a.1 certify that (1) (this hospital) attended the saw the deceased alive an above. (Mywe) (did) (did not) view the body 27h. 51Gb el tiel.			death occurred on the date and he	
TO HOSPITA retoined by TO FUNERA should be do with the Stoll IMPORTANT		22d PHYSICIAN'S NAME (TYPEGRAPHINT)	EL MO	22e ADDRESS 464 Qllc	AEDICAL STAFF DIRECTOR PHYSICIAN 4 NCE SELECTION CITY OR TOWN	e acceptor
DD	23a E	URIAL, CREMATION, REMOVAL 236. DATE		CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE

East, Md. 130 DATE RECD. BY REGISTRAR 256 REGISTRAR'S SIGNATURE North Funeral Home

DHMH - 16 60M 7/84 (VRA 15, 4)



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DHMH - 16 60M 7/84 (VRA 15, 4)

55982 JUN -9

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYCIENE

-0.6	1.	FOR - STATE REGISTRAR			DEPAR		EALTH AND MENTA ICATE OF DEATH		REG. N	! 7	4 5	Ů.
		CEASED NAME	Jolph		/.	Ba	4Nes	20	SUNE	5/90	P7	1 HM
	3. SE	×	1	RACE		5 DATE O		-	AGE (IN YEARS LAST BIR			IF UNGER 24 HRS
		Male		WHITE		JANUA	RY 20, 1904	AR	83	YRS	NIHS UATS	HOURS MIN.
1		RTHPLACE (STATE OR F COUNTRY)	OREIGN 71	CITIZEN OF	WHAT COUNTRY	Y? B	NEVER MARRIED		HACTOR CITY O	R COUNTY O	F DEATH	MD
المالية المالية	HA	ovre of Gi	Ace	I. NAME OF A	HOSPITAL, NURS	EING HOME O	Hospital	N 120	USUAL OCCUPATION OF WORK FOR MOST OF WORK FOR MOST OF RET.)	F WORKING LIFE)	126 KIND OF INDUSTRY MERCHANT	BUSINESS OR
36		AL RESIDENCE (IF NURS	13b. COUNT		GIVE RESIDENCE BEFO		136 INSIDE CITY LIMI	ITS? 1130	STREET ADDRESS	ZIP CODE		
E		MD	HARFO	RD	HAVRE de	GRACE	YES X NO		1100 SOUTH A		REET	21078
1 C	14. F/	ATHER'S NAME FIRST AOOLPH		DDIE	LAST BA	YNES	15 MOTHER'S MAIDE FIRST RUTH	EN NAME	MIDDLE		JACKSON	
ico /		WAS DECEASED EVER		ED FORCES?	166 SOCIAL SEC	CURITY NO	17 INFORMANT		ADDRE	SS	071011001	
medico	(YES, NO OR UNKNOWN) (IF YES, GIV			WAR OR DATES)						AS #13e		
c event, the		18 CAUSE OF DEAT PART I. DEATH W	H (Enter only 'AS CAUSED IMMEDIATE		Lime Facing, (b), o	dia	e Am	res'	1		BETWEEN ON	ATE INTERVAL ISET AND BEATH
or other troumot		Canditions, if any, gave rise to imm cause (a), statin underlying cause	nediate ig the	(b)	R AS A CONSEC	elval	lized F.	7.5	3. el/	, D ,	2 - 3	3 year
injury,	NO	PART 2 OTHER SIGN	VIFICANT CO	nditions <u>co</u>	ibhe	O DEATH BUT	NOT RELATED TO THE	TERMINA	LO CON	DITION GIVEN	N IN PART 11a	
Yus ony	CERTIFICATION	190 DATE OF OPERA	TION	196 CONDI	TION FOR WHIC	H OPERATIO	N WAS PERFORMED	1	YES NO		WERE FINDING NG CAUSES C	
Hem 18 sh	F 1	210 ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER NOTHY MEDI	CAUSE OF DEATH	216 TIME O HOUR A.	M. MONTH	DAY YEAR	21c HOW INJURY O	OCCURRED	(ENTER NATURE OF INJU	RY IN ITEM 18 PAR	1 (OR PART 2)	
ä	MEDICAL	21d INJURY OCCUR	411	21e PLACE	OF INJURY	E FARM EIC	211 LOCATION STREET		CITY OR TO	wn	COUNTY	STATE
21 is marked		220 I certify that (I) saw the decease above, (I) (we) (c	ed alive an_	6	19		that in (my) (our) or	pinian/deo	th accurred on the de	5 , 19 ote and hour a	the co	ot (1) (we) last
VT: If Item		22b. SIGNATURE	di	Jad	ch	204	DEGREE ATTENDI		MEDICAL STAI		22c. DATE S	IGNED
MPORTANT: If Item 21		22d PHYSICIAN'S N	ME (TYPE OR)	el Co	L00,	Md	TO ADDRESS	e a	le Gra	el,	. Ares	1 21078
≤ '		BURIAL, CREMATION,	REMOVAL	23b DATE	23	c. NAME OF C	EMETERY OR CREMAT	TORY	23d LOCATION		COUNTY	STATE
_		BURIA		9 JUNE	87	ANGEL HI	LL CEMETERY		HAVRE de GF			
7/84		UNERAL DIRECTOR			ADDRESS	5	25	So DATE RI	C'D. BY REGISTRAR	25b. REGISTRA	AR'S SIGNATU	RE
)	I	IITCHELL FUNER	RAL HOME	PA, HAV	RE de GRA	CE, MD.	21078	SON	0 1901	/		

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR DECEASED NAME KNOMN 🔼 2ª DATE E 5 FOR YOUR FILES.

D, WITHIN 72 HOURS

W. PRESTON STREET, DEATH MATED 5-31- 1987 Regina Bond 4. RACE T BOTHDAY DATE OF BIRTH IF UNDER 1 YR. IF UNDER 24 HRS DATE 6:40A MONTH PRONOUNCED 68 Female Black DEAD 1987 TO BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED USA Havre de Grace WIDOWED [DIVORCED Harford County PAGE 5 ID. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS HE NOT IN SUCH FACILITY, GIVE STREET ADDRESS FORMET OF LENGT FEI Harford Memorial Hospital IF ANY DELA 2, AND 3 TO 1 3. PETAIN PA SHOULD BE F NI RECORDS. Havre de Crace USUAL RESIDENCE HE IN NURSING HOME OR OTHER INSTITUTION. GIVE RESIDENCE BEFORE ADMISSIONI 13a STATE 13. STREET ADDRESS 1248 Battery Havre de Graces No Harkord MD. 2 S 14. FATHER'S NAME S. MOTHER'S MAIDEN NAME GIVE PAGES 1, TITH FORM PM : PAGES 1 AND 2 WispLAST Mangaret Bond George 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT IYES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Mother, same as above 218-80-6289 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG W TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL: TRANSIT PERMIT. AFFER DEATH WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE. D BALTIMORE, MARTIAL HYGIENE. PRESTON ST. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY AMMEDIATE CAUSE (0) Multiple Injuries DUE TO, OR AS A CONSEQUENCE OF EXECUTED WITHIN Conditions, if any, which gove rise to immediate cause (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES . NO T 71g EXTERNAL CAUSE WAS 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING TOR 6:00Am 5-31-87 Passenger of an auto in an accident 21e PLACE OF INJURY (AT HOME. 71d INJURY OCCURRED 211. LOCATION STREET, FACTORY, FARM, ETC.) 40-Havre de Grace, Harford County, MD NOT WHILE AT WORK AT WORK road 220. I certify that I took charge of the remains described obove, held an Autopsy Inspection and in my opinion death resulted from: Undetermined manner Natural causes Accident Suicide Hamicide TITLE (SPECIFY) ACTUAL 5-31-87 Assistant SIGNATURE EXAMINER'S NAME Korell, M.D. ADDRESS 111 Penn St. Balto., MD 21201 Margarita A. (TYPE OR PRINT) 23a BURIAL, CREMATION REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY Havre de Grace Harford MD. St. James AME Cem. 6-5-87 burial 07/84 25M 24 FUNERAL DIRECTOR 750. DATE REC'D. BY REGISTRAR 756. REGISTRAR'S SIGNATURE

Julia Divideon Rondales

Arnold Beard Haure de Grace, Md

DHMH - 17

(VR A15 ME (5))

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	1-	FOR - STATE REGISTRAR	DEP/	ARTMENT OF H	E OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	GIENE 8 7	7 4 5 5	
1	TYPE	CEASED NAME FIRST E OR PRINT) Edna	Cecilia	Bosle	4	COLORDO DEATH MONTH	DAY YEAR 26 HOUR 7:48 p.m.	
	F Zo Bi	EMO/E IRTHPLACE (STATE OR FOREIGN	Caucasian	5. DATE C MONTH Ja	DAY YEAR	6. AGE (IN EARS LAST BIRTHDAY) 78 UR OLD YRS 9. BALTIMORE CITY OR COUN		
2		Maryland	USA	WIDOWE		1/1-0-1	County, MD.	
3	上	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU I IF NOT IN SUCH FACILITY GIVES FALLSTON GEA	FRO /	POSPITAL	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING BOOKKEEPET)	GLIFE) 12b. KIND OF BUSINESS OR CO. COnstruction	
3	130. 5	al residence (if nursing home of State 116, cour aryland Balt			134. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CO 9924 Pepper		
2	7	THER'S NAME John Shea	MIDDLE LAST		IS MOTHER'S MAIDEN NA FIRST Elsie Wa	MIDDLE	LAST	
2	60. V	VAS DECEASED EVER IN U.S. AR YES NO OR UNKNOWN) (IF YES, GIV NO	VE WAR OR DATES!	01-662	17 INFORMANT O Mrs. Yvor	ADDRESS nne Seekford,	Dghtr,same add	
		18. CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA)	nly one couse per line for (o), (b ED BY: TE CAUSE (o)	. 0	monary as	rest	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Min utes	
		Conditions, if ony, which	DUE TO, OR AS A CONSE	EQUENCE OF	y fuiter	_	minutes.	
		gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSE	EQUENCE OF,	u of food	/aimay Obstrue	tion minutes	
	NOIL	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELETED TO THE TERMINAL DISEASE OF CONDITION GIVEN I CVA / Parkings's.						
2	CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION FOR WI	TICH OPERATION		YES NO NO NO CER	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YESNO	
7	MEDICAL CE	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		DAY YEAR	21c. HOW INJURY OCCUR	RRED (ENTER NATURE OF INJURY IN ITEM I	18 PART I OR PART ?)	
	WED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	FICE, FARM ETC)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE	
			1-11	01	d that in (my) our) opinion	deoth occurred on the date and h	19 87, that (I) (we) lost nour and from the couses stated	
		22b. SIGNATURE	willatMD		DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF	221. DATE SIGNED 6/6/87	

IMPORTANT: If them 21 is marked or Item 18 shows any injury, or other troumatic event, the 230 BURIAL, CREMATION, REMOVAL SPECIFY)
Burial 23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

Baltimore,

STATE

24 FUNERAL DIRECTOR

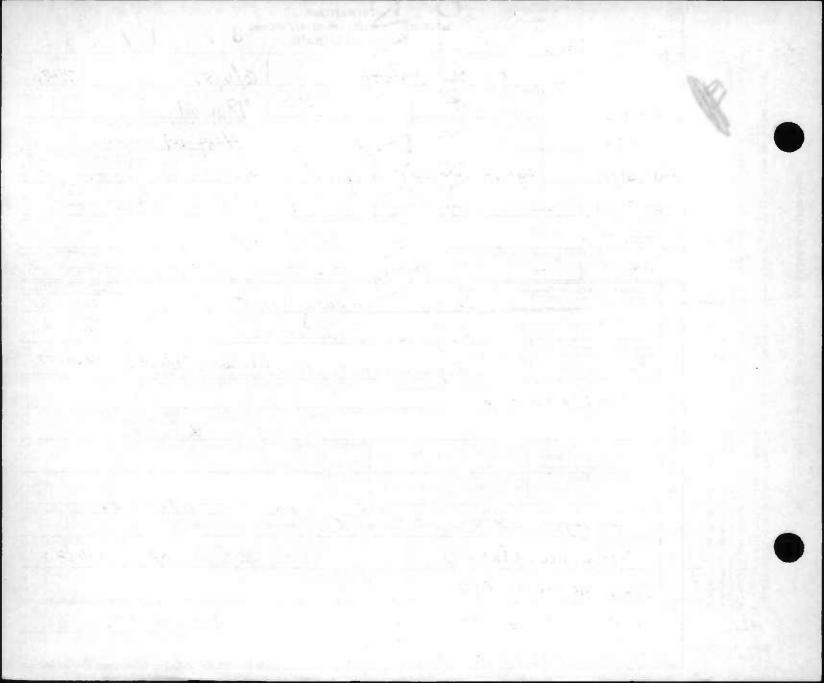
6/9/87 Moreland Mem. 9705 Belair Road 250. DATE REC'D.

22e. ADDRESS

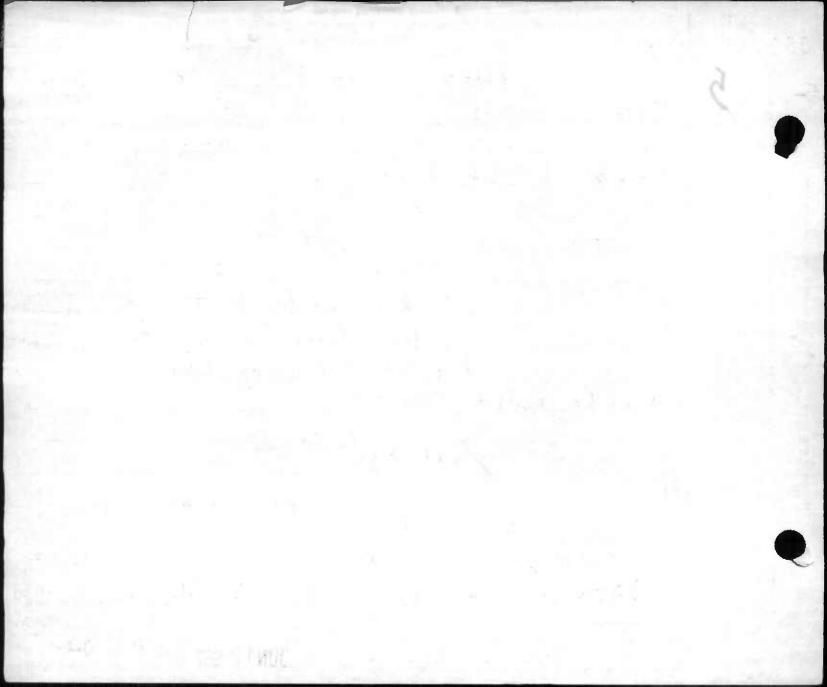
BY REGISTRAR 256 REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/B4 (VRA 15, 4)

SCHIMUNEK FUNERAL HOME, Balto, Md. 21236



FOR DEPARTMENT OF HEALTH AND MENTAL HYCIENE	
1 - STATE	1 / 4 5 0
G 1 2 8 JUN 15 REGISTRAR CERTIFICATE OF DEATH REG. NO.	
m (TYPE OR PRINT)	MONTH DAY YEAR 26 HOUR
2 SPACE S. DATE OF BIRTH 6 AGE (INYFARS LAST BIRT)	HDAYL FUNDER LYEAR TEUNDER 24-RS
3. SEX 4. RACE 5. DATE OF BIRTH MONTH DAY MAN H M M M M M M M M M M M M M	MONTHS DAYS HOURS MIN.
6 5 Femble White 8 01 98 80	YRS
70 BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED PALTIMORE CITY OF	1
VA. U.S.A. WIDOWED X DIVORCED TORTO	COUNTY MD.
11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT INSUCH FABILITY, GIVE STREET ADDRESS) FAISTON FAISTON HOMEMA	WORKING (IFE) INDUSTRY
S USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)	
136 STATE 136 COUNTY 136 COUNTY 136 INSIDE CITY LIMITS? 138 STREET ADDRESS / 725 FLIN' 136 INSIDE CITY LIMITS? 138 STREET ADDRESS / 725 FLIN'	FLOCK RD. 21014
14 FATHER'S NAME FIRST MIDDLE LAST FIRST MIDDLE MIDDLE MIDDLE FIRST MIDL	IZAT
HOWARD YEAROUT MINERVA	ENGLE
ADDRE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRE 233-07-8214D SHIRLEY BAIER (DGH)	
(IFYES GIVE WAR OR DATES) 233-07-8214D SHIRLEY BAIER (DGH	
18 CAUSE OF DEATH (Enter only one couse per line for rough)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (0)	- CA
E E E E E E E E E E E E E E E E E E E	1. A - Jushin
Conditions, if ony, which gove rise to immediate	and to fine
E E E E Couse (o), stoting the DUE TO DIE AS A CONSEQUENCE OF A	a K
7 0.0.	eine
TAM 2. OTHER SIGNIFICANT CONDITIONS OF THE TEXT OF THE TEXT OF THE TEXT OF CONTENTS OF THE TEXT OF THE	DITION GIVEN IN PART 11a
176. DATE OF OPERATION 196. CONDITION FOR WHICH DEFATION WAS PERFORMED 200 AUTOPSY?	206. IF YES, WERE FINDINGS USED
196. CONDITION FOR WHICH DERATION WAS PERFORMED 196. CONDITION FOR WHICH DERATION WAS PERFORMED 200 AUTOPSY? YES NO 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY	IN CERTIFYING CAUSES OF DEATH? YES NO NO
210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY	
SE SEE TO A CONTRIBUTION DAY THE MOUNTAIN DAY	
TO BE SET OF THE NOTIFY MEDICAL EXAMINER) 1 IF EITHER NOTIFY MEDICAL EXAMINER) 2 16 PLACE OF INJURY 2 16 INJURY OCCURRED 1 AT HOME STREET, FACTORY, OFFICE FARM, ETC.) 2 18 LOCATION STREET CITY OR 100	
WHILE NOT WHILE AT WORK AT WORK	VN COUNTY STATE
270 Certify that (1) (this haspital) attended the deceased from	19 T, that (li we) lost
sow the degree give on 19 KT, and that in my (our) opinion death occurred on the do	te and hour and from the causes stated
obove, (I) We I did (did not) view the body offer death 27b. SIGNATURE DEGREE	22t. DATE SIGNED
ATTENDING MEDICAL STAF	[AND 10887
The ADDRESS TO A TOTAL PHYSICIAN'S NAME (TYPE OF PRINT)	1018/1
	Le Och 118 2100
230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION	
BP 6/12/87 BLUE RIDGE CEM. PRO	SPERITY W.VA
24 FUNERAL SECHEMUNEK FUNERAL HOME, INC. 250. BATE REC'D. BY REGISTRAR	155 REGISTRAR'S SIGNAL RE
(VRA 15, 4) 9705 Belair Rd., Balto. Md. 21236 JUN 12 1987	Julia Devider Kandalla



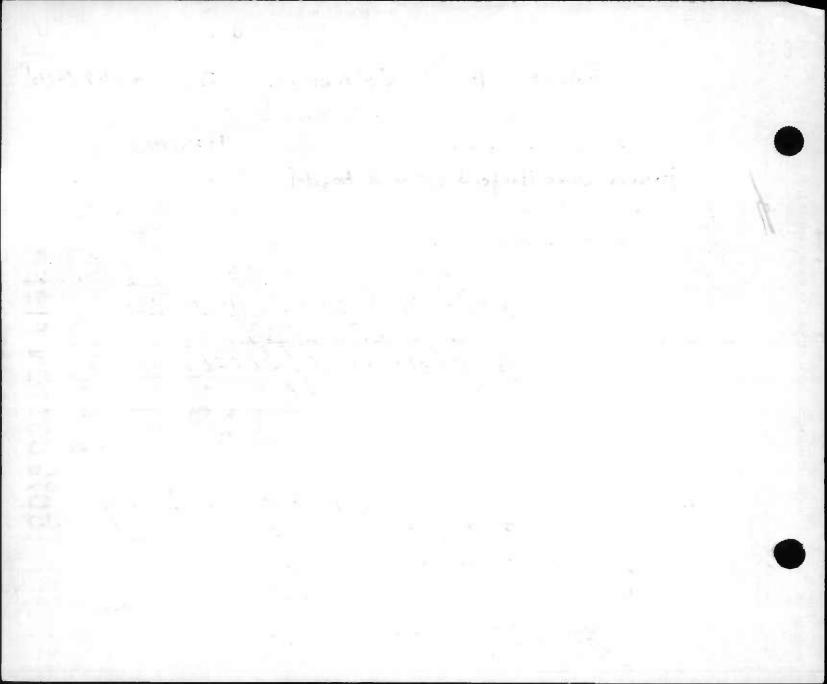
STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

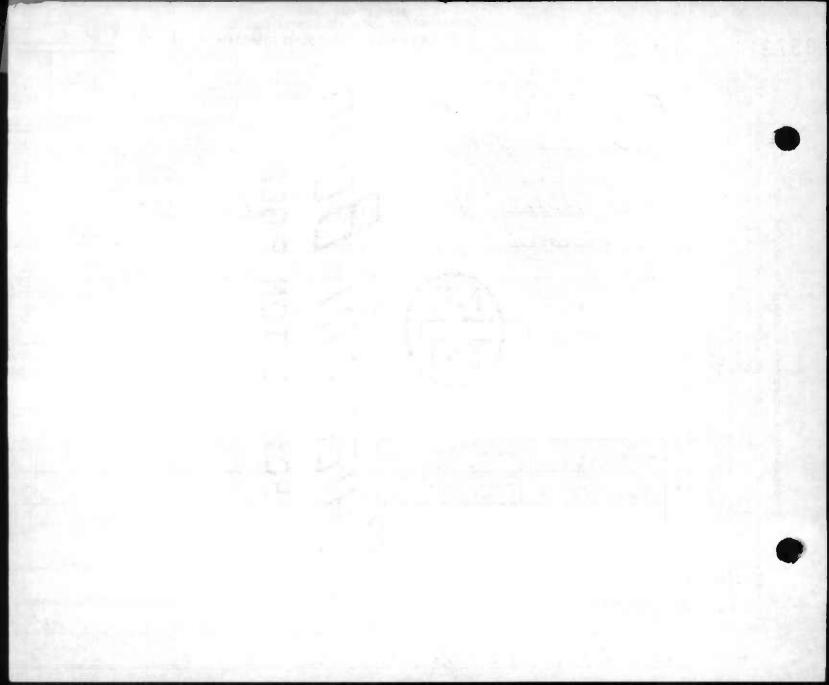
1-	FOR STATE REGISTRAR		LTH AND MENTAL HYGI ATE OF DEATH	ENE 8 7	7530
1. DEC	CEASED NAME Robert	A Ca	lvept In	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR 4 /987 /2:3
3. SEX		5. DATE OF I	BIRTH YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24
	lale Whit	Feb.	18 1899		RS
m (CUNTRY	F WHAT COUNTRY? 8 MARRIED [NEVER MARRIED 🖾	BALTIMORE CITY OR COU	INTY OF DEATH
		S.A. WIDOWED		120 USUAL OCCUPATION	126 KIND OF BUSINESS
PH	()F NOT IN SI	or a Memorial	Hospital	(TYPE OF WORK FOR MOST OF WORKIN Mach.	NG LIFE) INDUSTRY Ind.
13a S	Md. Cecil	Charlestown Charlestown	YESXX NO [722 Calvert	
W)	Robert A. Calve	LAST COM	i. MOTHER'S MAIDEN NAM	MIDDLE	t AST
4	NODELL A. USLVE		BeL 7 INFORMANT	le Lewis	0.7
100. 0	(ES, NO OF UNKNOWN) (IF YES, GIVE WAR OR DATES)	216-01-0449		Manage 01	Calvert St.
4-	IL CAUSE OF DEATH (Enter only one specie pr PART), DEATH WAS CAUSED BY		mary Jane	Murphy Char	clestown. Md
CERTIFICATION	Conditions, if any, which gave rise to immediate course (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS (19) DATE OF OPERATION 196 CON	of and all the		20a AUTOPSY? 20b. 16	F YES, WERE FINDINGS USED FYES OF DEATH? FYES NO
- 1		OF INJURY 2	TE HOW INJURY OCCURRI	ED (ENTER NATURE OF INJURY IN ITEM	
A .	OK CONTRIBOTING CAUSE OF DEATH	A.M. MONTH DAY YEAR P.M. 19			
MEDICAL	21d. INJURY OCCURRED 21e PLAC	E OF INJURY 2	11 LOCATION	< IFF D# TDWH	LOUPETY STAT
2	WHILE NOT WHILE AT WORK	STREET FACTORY OFFICE, FARM, ETC.)	20 A	7 //1	0-
	22a.1 certify that (1) (this haspital) attended	//	19	10_0/7	that (1) (we)
	above, (I) (we) (did) (did not) view the boo	ty offer peotly		eath occurred on the date and	hour and from the couses state
	22b. SIGNATURY	Ann		MEDICAL STAFF DIRECTOR PHYSICIAN	22¢ DATE SIGNED
	22d PHYSICIAN'S NAME (THE ORPHIN)	1	2e ADDRESS	77	1 0 10
22- 2	John D. Yun, M.D.	122 114115 22 22			de Grace, MD 2
(30 8	SPECT emation 6-5-	0 77	NETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STAT
	uneral direction funeral		rris & Co.	West Cheste	er Chester Pa
	NAME	ADDRESS	JUI	A A	Davidson Randallo

JUN9

DHMH - 16 60M 7/84 (VRA 15, 4)

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. NO 20 DATE OF DEATH MONTH YEAR 2b. HOUR IF UNDER 1 YEAR IF UNDER 24 HRS 6 AGE (IN YEARS LAST BIRTHDAY) 81 **BALTIMORE CITY OR COUNTY OF DEATH** 12h KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY HOMEMAKER 13e.STREET ADDRESS / ZIP CODE 21078 971 CHESAPEAKE DRIVE LAST MIDDLE LEONARDI ADDRESS SAME AS #13e

495 JUN 2 STATE CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME FIRST (TYPE OR PRINT) 3. SEX 4 RACE 5. DATE OF BIRTH MONTH YEAR **FEMALE** WHITE MAY 11, 1906 70. BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED A NEVER MARRIED COUNTRY USA ITALY DIVORCED [WIDOWED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION ID CITY OR TOWN OF DEATH (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
113b. COUNTY
13c. CITY OR TOWN 13d INSIDE CITY LIMITS? YES X NO [HARFORD HAVRE de GRACE MD 15 MOTHER'S MAIDEN NAME 14. FATHER'S NAME LAST MIDDLE FIRST LENA DANNY CHRISTO 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) MR. FRANK CIANELLI. SR. 218 46 4032 18 CAUSE OF DEATH (Enter only one cause per I and to south and PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE to AS A CONSEQUENCE OF encul Canditions, if any, which gave rise to immediate couse (a), stating the DUE TO, OR underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CERTIFICATION 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NOL NO [71a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 21b. TIME OF INJURY HOUR A.M. MONTH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTHT MEDICAL EXAMINER) P.M 21f. LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY STATE CITY OF TOWN STREET TAT HOME STREET FACTORY OFFICE FARM ETC 1 AT WORK 22a. I certify that (I) (this haspital) attended to deceased from saw the deceased alive an abave, (1) (we) (did) (did not view the body after death. and that in (my) (our) apinion death accurred an the date and have and from the causes stated 22b. SIGNATURE DEGREE 22c DATE SIGNAD MEDICAL STAFF ATTENDING PHYSICIAN A DIRECTOR PHYSICIAN 27d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS 23d LOCATION 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 23b. DATE STATE (SPECIFY) MT. ERIN CEMETERY HAVRE de GRACE. HARFORO CO. MO.

DHMH - 16 60M 7/84

(VRA 15, 4)

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DIRECTOR:

MITCHELL FUNERAL HOME PA, HAVRE de GRACE, MD.

BURIAL 23 JUNE 1987 24 FUNERAL DIRECTOR

25q. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE



prior

PORTANT

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DHMH - 16 60/A-7/84 (VRA 15(4)

WEDICAL

FOR - STATE REGISTRAR

DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	SIENES	7 REG. I	NO.	7		5	y
∦∖ Je	an R. Clark	20. DAT	E OF DEATH	6	Z 8	YEAR	87 39 HOL	BON
	5. DATE OF BIRTH MONTH 12 23 1932	6 AGE	(IN YEARS LAST B	PRTHDAY)	MONTHS:	DAYS	HOURS	24 HRS MIN,
OUNTRY?	8 MARRIED MEVER MARRIED WIDOWED DIVORCED	1	MORE CITY rford		Y OF DE	ATH		MC

DECEASED NAME TYPE OR PRINTI XXXXXXX 3 SEX 4 RACE White To BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY) Baltimore, Md. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Fallston Gen. Hos. wife Fallston House Home USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
131. COUNTY
132. CITY OR TOWN 13e.STREET ADDRESS / ZIP CODE 11908 Bluestone Rd. 21087 Baltimore Kingsville Md 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Richard MIDDLE MIDDLE Darden Haze] Unknown 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS Kingsville, Md (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 213-28-6816 William Clark, APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per ling for (a), (b), and the PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 70n AUTOPSY 70s. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

0/20101	2 0110150 A 1106	I DA L COUNT LES	4012	YES []	NO []
218. ACCEPIT WAS UNDERLYING OF CONTRIBUTING CONTRIBUTING CONTRIBUTING CALES AND EARLY MEDICAL EXAMINER.	HOUR A.M. MONTH DAY YEAR	\$16 HOW INJURY OCCURRED (1991)	MATHER OF HARRY HAVE	M IS PART I CHEFART 21	
214 INJURY OCCURRED	P.M. 19 THE PLACE OF INJURY THE PLACE OF INJURY THE PLACE OF INJURY THE PLACE FAMILY TO THE PLACE FAMILY T	TH LOCATION	cri or town	county	3/14
77s. I certify that (I) (this hospital) saw the deceased alive on above, (I) (we) (did) alid not) vi	attanded the deceased from 19 on an	od that in (my) (our) opinion death occur	6/2 rred on the date and	19 0 1 if how ond from the c	hat <u>dis</u> we

DEGREE ATTENDING MEDICAL STAFF

PHYSICIAN DIRECTOR PHYSICIAN 22e. ADDRESS

23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION

6=6=1987 Lakeview Cemeterv Burial

23b. DATE

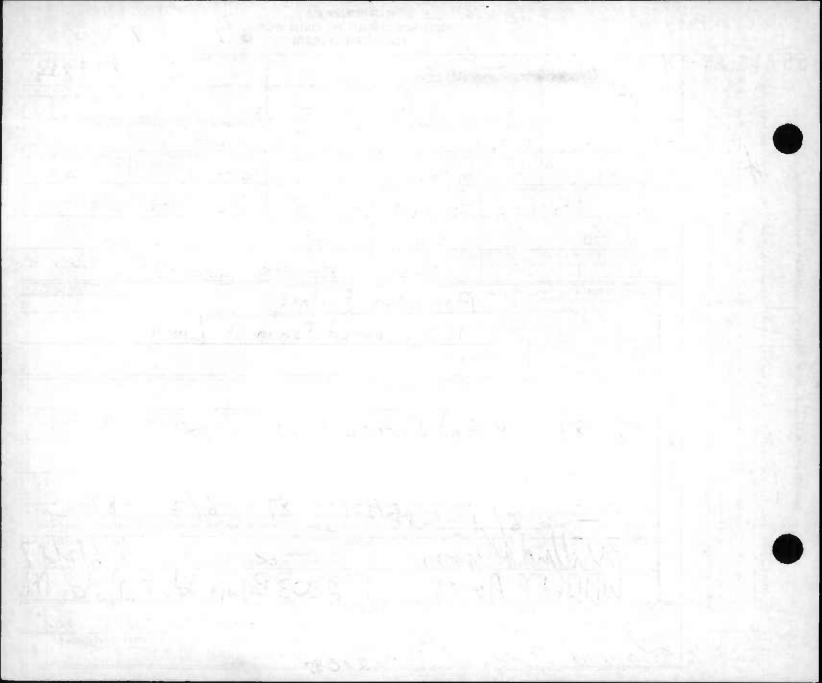
Sykesville,

Md. STATE Carroll

24 FUNERAL DIRECTOR

230. BURIAL, CREMATION, REMOVAL

ASO DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

O FUNERAL DIRECT should be detach with the State De

STATE OF MARYLAND DED A DEMENT OF MEALTH AND MENTAL HYCIENE

	1-	STATE REGISTRAR		DEFARIN	CERTIF	ICATE OF DEATH	8 7 REG. N	0. 1 7	di-i	6 0
		PEASED NAME MARSE		MIDDLE	Ci	ANK	20. DATE OF DEATH	29/	987	6 30 M
ľ	3. SEX		4 RACE		S. DATE C		6. AGE (IN YEARS LAST BIR	RTHOAY) IF I	UNDER I FEAR	HOURS MIN,
ı	F	emale	White		8	16 99	87	YRS.	THS DAYS	HOURS MIN.
1		THPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED	9. BALTIMORE CITY C	R COUNTY OF	DEATH	
		ndiana	U.S.A.		WIDOWE	**	Harford			MD.
1	10 CI	Y OR TOWN OF DEATH		HOSPITAL, NURSING		OR OTHER INSTITUTION	120 USUAL OCCUPAT		12b. KIND OI	F BUSINESS OR
ı	Bel	L Air		Convales		Home	Home maker		INDUSTRE	
ē	USUA 13a, S	L RESIDENCE (IF NURSING HOME OF TATE	OR OTHER INSTITUTION		ADMISSION)	13d INSIDE CITY LIMITS?	13e STREET ADDRESS	/ ZID CODE		
		1.00	ford	Forest H		YES NO X	2623 Rocks		21050	
1	14. FA	THER'S NAME				15. MOTHER'S MAIDEN NA	ME			
	Jo	osiah	Ross	Thompso	n	Fannie	WIDDLE		Gera	
1	16a. W	'AS DECEASED EVER IN U.S. A		16b. SOCIAL SECUI		17 INFORMANT	ADDRE	ESS	111111	
ı	(Y	es, no or unknown) (if yes, c	GIVE WAR OR DATES)	213-74-3	281	Glen T. Clar	k,423 S. Pa	rke St	. Aber	1001 deen.Md
		18. CAUSE OF DEATH (Enter PART I. DEATH WAS CAUS IMMEDIA	SED BY: ATE CAUSE (0)	Card	ike	anest			APPROXI BETWEEN C	MATE INTERVAL DINSET AND DEATH
		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause lost.	(b)	R AS A CONSEQUE	10%	wind,	ufo ctin	1		
	NO	PART 2. OTHER SIGNIFICANT	CONDITIONS CO	en Ven	EATH BUT	NOT RELATED TO THE TERM	INANDISEASE OR CON	DITION GIVEN	IN PART 110	
	CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WIN CERTIFYIN	NG CAUSES	
		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	21b. TIME O	FINJURY M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURE				NO L
	ICA	(IF EITHER NOTIFY MEDICAL EXAMIN	ER) P.		19					
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	(AT HOME, STE	OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC)	211 LOCATION STREET	CITY OR TO	IWN	COUNTY	STATE
		22a.1 certify that (I) (this has	1 24 4	7 1	JUN	1907	UNE	19.	87.	that (I) (we) lost
		sow the deceased alive a above, (I) (we) (did) (and a	ot) view the body	ofter death		nd that in (my) (our) opinion	deoth occurred on the d	ote and flour or		
		27 SIGNATORE	ano		M	ATTENDING PHYSICIAN	MEDICAL STA		22c. DATE	19/87
		224 PHYSICIAN'S NAMELYON	STEV	ZA	= 11	27e ADDRESS MA	NST BI	7 4	ip 1	Who where

IMPORTANT:

DHMH - 16 60M 7/B4 (VRA 15, 4)

330. BURIAL, CREMATION, REMOVAL Burial

23d LOCATION
CITY OR TOWN
Forest Hill Deer Creek Methodist

Harford

Md.

24. FUNERAL DIRECTOR

Tarring Funeral Home, PA, Aberdeen, Md. 21001-3399

7/3/87

JUL 06 1987

ED THE STATE OF TH 100 00 July 700 00 July

requires that the death certificate be executed

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital ar attending physician.

056331

death. Page 4 may be

rol director page 3 72 hours ofter death

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

O	-1	5
0	REG, NO.	Į.
	REG, NO.	

7	6.3	6

	1,-	FOR STATE REGISTRAR			EALTH AND MENTAL HY	GIENE 8 / REG. NO.	170	6 1	
	{TYPE	EASED NAME FIRST OPENINT)	MIDDLE	Cla	4100	1	9 87 9 87	26 HOUR	2
	3. SEX	Male	White	5 DATE C	DAY YEAR	6 AGE (IN YEARS LAST BIRTHE	MONTHS DAYS		
1		ATTO CO.Md.	U.S.A.	OUNTRY? 8 MARRIE WIDOWE	D MEVER MARRIED	9 BALTIMORE CITY OR	COUNTY OF DEATH		MD.
63	10 CM	YOR TOWN OF DEATH	1. NAME OF HOSPITA (IF NOT IN SUCH FACILITY,		DROTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF V BOX Maker	WORKING LIFE INDUSTRY	of Business of Co.	OR
5	130 S	RESIDENCE (PURSING HOME OR C TATE Md. Balt:	other Institution Give Residing 134, CITY	ORTOWN	13d INSIDE CITY LIMITS? YES NO 🖔	134 STREET ADDRESS / 2	ird Rd. 2	1082	
2	1	THER'S NAME arl S."	Clay	ton	15. MOTHER'S MAIDEN NA Mamí ^{rist}	AME	Klaspka	AST	
2	# 14	AS DECEASED EVER IN U.S. ARM ES, NO OR UNKNOWN) (IF YES GIVE	WAR OR DATES!	-24-0210	Mrs. Joan C.	Clayton Hy	12951 Harf	ord Rd.	
	N	Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A C	ONSEQUENCE OF	ular Tar Orten Dis	MINAL DISEASE OR CONDI	MZ TION GIVEN IN PART	lia .	
)	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FO	OR WHICH OPERATIO	N WAS PERFORMED		206. IF YES, WERE FIND IN CERTIFYING CAUSE YES		_
	MEDICAL CERT	21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTHY MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE NOT WHILE AT WORK	P.M. 21e. PLACE OF INJUI (AT HOME, STREET FACTO	DNTH DAY YEAR 19 RY INV. OFFICE, FARM, ETC.)	21f LOCATION STREET	RRED (ENTER NATURE OF INJURY	IN ITEM 18 PART 1 OR PART 2)	STATE	ш
		220 I certify that (I) (the baspite saw the deceased alive on above (I) (we) (did) (did not) 22b SIGNATURE	view the body after dec	19, a	DEGREE ATTENDING		22c DAT	that (I) (we) the causes stated TE SIGNED 9-87	
		A NTO WHOO URIAL, CREMATION, REMOVAL BUTIAL	# . CALO 236. DATE 6-12-1987		TEMETERY OR CREMATORY Meth. Ch. Ce	23d LOCATION CITY OR TOWN FORK	Balto.	Md. STATE	18

DHMH - 16 60M 7/84

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion should be detoched for use as the burial-transit permit. Then please remave corbon papers. P with the State Dept, of Health and Mental Hygiene prior to burial, cremation, ar remaval. IMPORTANT: If Item 21 is marked or Item 48 shows Day injury, ar other troumatic event, that

(VRA 15, 4)

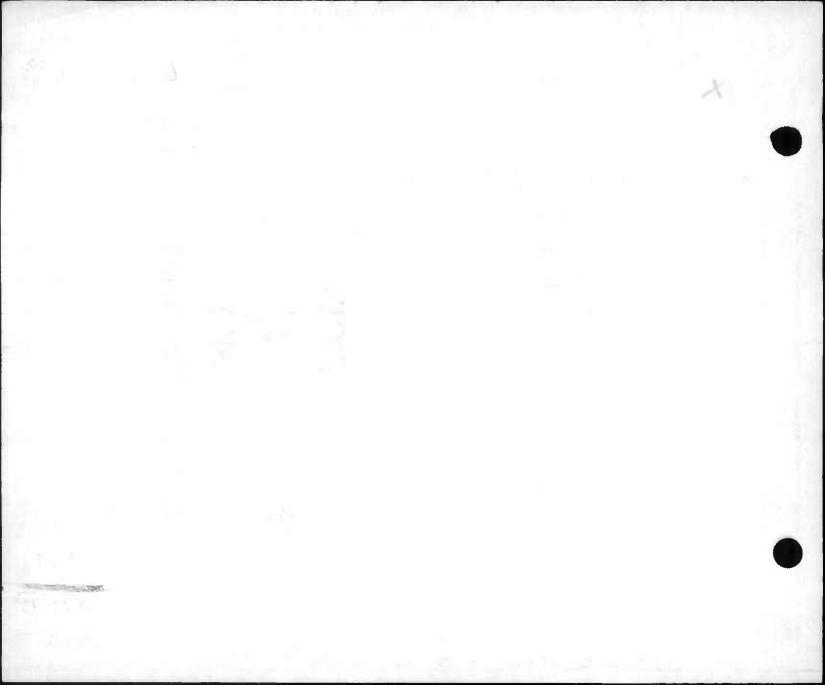
BP.

24 FUNERAL DIRECTOR

Fork U. Meth. Ch. Cem. Balto.

Md.

REGISTRAR 256 REGISTRAR'S SIGNATURE



- STATE

3 SEX

REGISTRAR DECEASED NAME (TYPE OR PRINT)

MARCUS

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

(YES NO OR UNKNOWN)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	REG. N	10.	200	100		
	20 DATE OF DEATH	MONTH	DAY	YEAR	2b HOL	R
		06-	22-87		5:	35 A
	6 AGE (IN YEARS LAST BI			RIYEAR	IF UNDER	24 HR5
			MONTHS	DAYS	HOUR5	MIN
		55 YRS			- 1	
_	9 BALTIMORE CITY	OR COUN	TY OF DE	ATH		

HARFORD COUNTY

ADDRESS

MATE	WHITE	OT	21	22	I
BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED X	K _{NEVER MAI}	RRIED	9 1
ROCKS, MD	U.S.A.	WIDOWED	DIVO	RCED	
CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	G HOME OR O	THER INSTITU	JION	12
FALLSTON	FALLSTON GENER		PITAL		C

Ivory

4. RACE

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)

(IF YES, GIVE WAR OR GATES)

a USUAL OCCUPATION 12h KIND OF BUSINESS OR Carpentar INDUSTRY ... 21084

> Road LAST **JONES**

13a STATE	136 COUNTY					
MARYLAND	HARFORD	JARRETTSVILI	YES NO	1255	North	Bend
4 FATHER'S NAME			15 MOTHER'S MAIDEN NA	MΕ		
JAMES	Elbert	COCKERHAM	LAURA	Emo) MIDDLE	

166 SOCIAL SECURITY NO

21/ 20 0755

COCKERHAM

5. DATE OF BIRTH MONTH

PART I. DEATH WAS CAUSED	BY)	(b), and ic	annest	APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
IMMEDIAI	DUE TO, OR AS A C	Provide Contraction of the Contr	3077	
Canditians, if any, which	(Ib)	5000		
gave rise to immediate cause (a), stating the	DUE TO, OR AS A CO	NSEQUENCEOF		
underlying cause last.	(c)	DUI	`	

17. INFORMANT

Trimarinia

CERTIFICATION 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [216 TIME OF INJURY 211 HOW IN HERY OCCUPRED JENTED NATURE OF INHIPY IN ITEM 18 PART 1 OR BART 25 MEDICAL

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH DAY YEAR P.M. 19		ten ten man and an analysis an		
21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OF TOWN	COUNTY	STATE
22a L certify that (1) (this basnital)	attended the deceased from	10	to	10	that III /wal

228.1 Certify files (i) (inis nospital) diferibed the deceased from		7, 10	, 17, mar (i) (we) id:
saw the deceased alive an 19 abave, (I) (we) (did) (did har yes. The bady after death,	, and that in (my) (aur)) apinian death accurred on the date o	and haur and from the couses-stated

abave, (I) (we) (did) ((did not view the bady a	fter death.			
22b. SIGNATURE	1	1	DEGREE		220. DESIGNED
	NE	NOO	MD	ATTENDING MEDICAL STAFF	152/0

22d. PHYSICIAN'S NAME

23a BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23h DATE Burial Air Mem.

23d LOCATION Bel

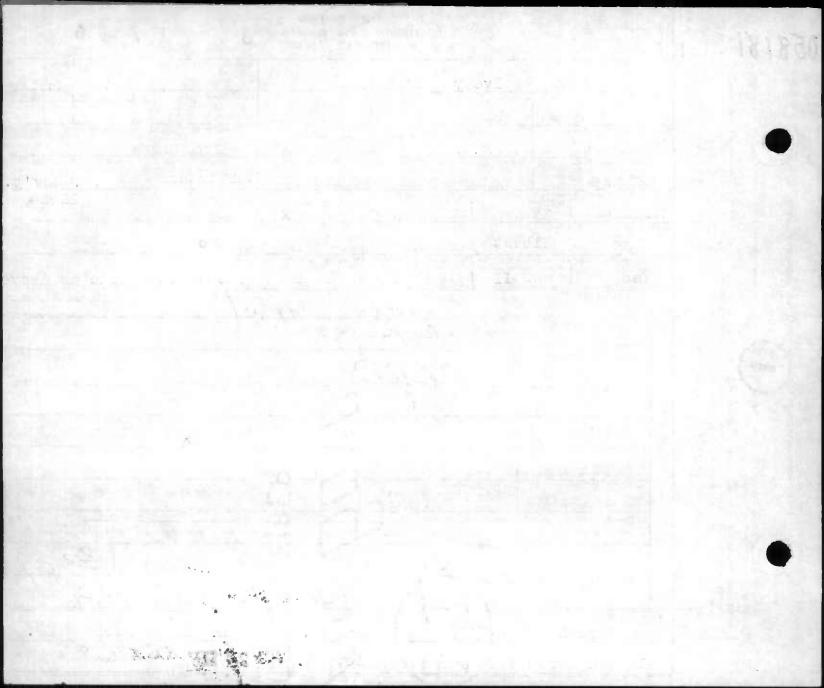
Harford

Md. 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

DHMH - 16 60M 1/75 (VRA 15 (4))

ORTANT.

24. FUNERAL DIRECTOR Gladden Kurtz



or other troumotic event

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MPCRTANT.

DHMH - 16 60M 7/84

(VRA 15, 4)

24 FUNERAL DIRECTOR

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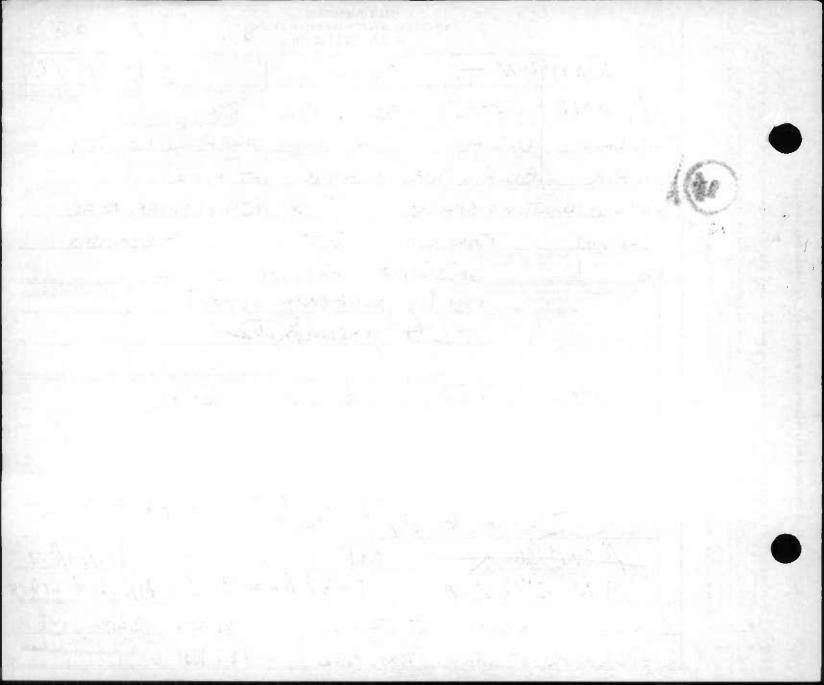
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Ans CHAPEL OF CHINES

		STATE OF MARYLAND	
1 -	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO. 7 4 6 3
(199)	CEASED NAME A FIRST	YN TOLE COLE	20 DATE OF DEATH MONTH DAY YEAR 26 HOUR 19 M
1.58	FEMALE!	NHITE FEB. 17 1905	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
	RTHPLACE (STATE OR FOREIGN 76.	CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED WIDOWED MONORCED WIDOWED MONORCED	P. BALTIMORE CITY OR COUNTY OF DEATH HARFORD LOUNTY MD.
B)C	SLAIR I	NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) LACE LA	178 USUAL OCCUPATION 178, KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
	ARTHAN BALT	TORE SPARKS YES NOX	130 STREET ADDRESS / ZIP CODE ROAD
)	SAMUEL MID	THACKER BETTY	MIDDLE GIBBONEYS
	VAS DECEASED EVER IN U.S. ARME yes, no or unknown) (IF yes, give w		1 RECORDS
	18. CAUSE OF DEATH lEnter only PART I. DEATH WAS CAUSED I IMMEDIATE I		MITHEEN CONTENT AND DEATH
	Conditions, if ony, which	DUE TO, OR AS A CONSTRUCTE OF INCHINONE	tis
	gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQUENCE OF	
NOL	PART 2 OTHER SIGNIFICANT CO	NOTIONS CONTRIBUTING TO DEATH BUT NOT RIVATED TO THE TERM	- disease
CERTIFICATION	19a, DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	10 AUTOPSY 20 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO NO
MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	RED (Initia nature of milian milian is part i Orpart 2)
MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	COUNTY STATE
	27a.1 certify that (1) (this harpital saw the deceased alive on above, (1) (did) (and act)		deoth occurred on the date and hour and from the causes stated
	22h SIGNATURE	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN
	BEN O	TEYZA 8465 MA	IN St. BEZ Air, hd. 21014
	BURIAL, CREMATION, REMOVAL (SPECIFY)	236 DATE 13-1987 ST. JAMES	23d LOCATION CITY OR TOWN STATE COUNTY STATE

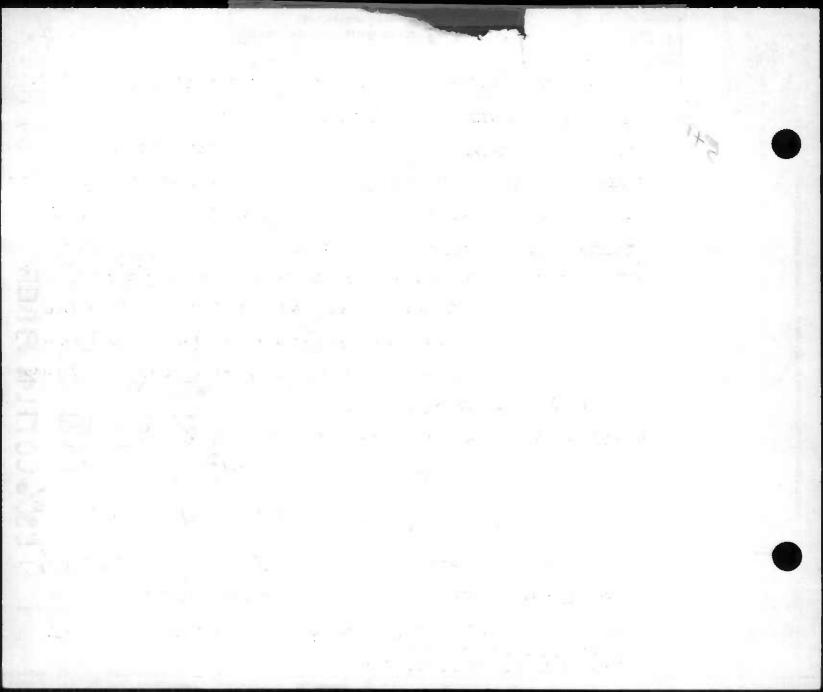
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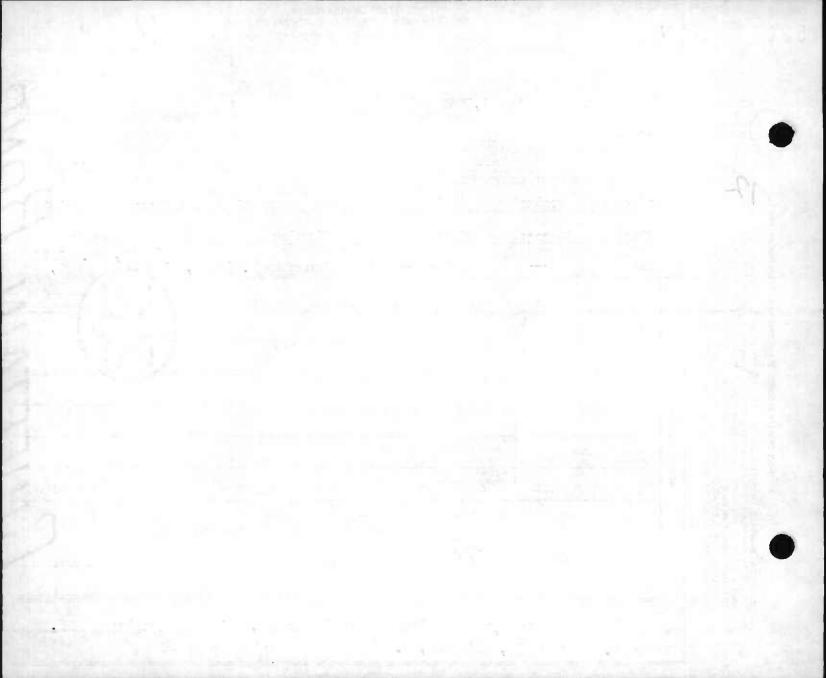


DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	

		1	Ite	m 5 Film G629	SB			OF MARYLAND					
05	7952	JAI 1	91	STATE - 2 - 87 per REGISTRAR	FH	-r AR		EALTH AND MENTAL		REG. NO.	! /	4	64
				EASED NAME FIRST		WIDDLE	l	AST	2a DA	ATE OF DEATH M	ONTH DA	AY YEAR	26 HOUR
	noy be poge 3			CHARL	ES RA	AYMOND		CRAWFORD			, 1987		2 P. _M
	4 mo	- [3. SE X		4 RACE		5. DATE C	DAY YEAR		(IN YEARS LAST BIRTH		FUNDER TYEAR	# UNDER 24 HRS HOURS MIN.
	ge 4	urs o	_	MALE	WHIT		NOV.		926	-59 60	YRS		
	h Po of d	Six)	70°BIF	THPLACE (STATE OR FOREIGN DUNTRY)		76 CITIZEN OF WHAT COUNTRY?		MARRIED X NEVER MARRIED		TIMORE CITY OR			
U	deot uner hin 7	10		MD.	U.S.		WIDOWE		1,	HARFORI			MD.
103	s ofter by the f	Liled with		Y OR TOWN OF DEATH BEL AIR	453-3 MOORE		ES MILL RD.		(TYPE C	SUAL OCCUPATION OF WORK FOR MOST OF T URANCE SA	WORKING LIFE)	INDUSTRY	LIFE INS
BALTIMORE, MARYLAND 2120	24 hau filled in	must be	USU A 13a. S		E OR OTHER INSTITUTION DUNTY RFORD	13c. CITY OR TO BEL AT	WN	13d Inside City Limi	ITS? 13e ST	REET ADDRESS / 53-3 MOOI	ZIP CODE RES MI	LL RD	. 21014
YEA	within letely f d 2 she	130	14 FA	THER'S NAME	MIDDIE	LAST		15. MOTHER'S MAIDE		MIDDLE		LAS	
MAR	om of o			CHARLES	E.	CRAWFORI		ANNA		MIDDLE		BALI	
m,		ico		AS DECEASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SE		17_INFORMANT					SERY RD.
IWO	o e execution on or	medica		ES, NO OR UNKNOWN) YES WW	II	219-18-8	8383	SANDRA LE	E BITT	INGER (DO	GTR) S		
	physicia physicia	moval.		18 CAUSE OF DEATH (Enter PART). DEATH WAS CAL	only one couse pe USED BY DIATE CAUSE (a)	r line for 101, (b),		CALDIA	r(1)	(ATH		BETWEEN	ONSET AND DEATH
SNO	ceri	ed by the thruding lease remave carbo iol, crematian, ar re or other traumatic e		174746		R AS A CONSEC	UENCE OF					1/7	11-110-1
ESTO	2 0			Conditions, if ony, which		OR AS A CONSEC	CONT	MYOC	ARI	ix L TNI	-/3/CT	N 7	12 WEC 5
W. PR	Pose rem	of, cremo		gove rise to immediate couse (a), stating the underlying couse last.		OR AS A CONSEC	UENCE OF	SCLENOS	ic A	SAKT DI	SUASE	12	20400
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,	equires		NO	PART 2 OTHER SIGNIFICAL	T CONDITIONS C	ONTRIBUTING TO	Q (((NOT RELATED TO THE	E TERMINAL D	ISEASE OR COND	ITION GIVE	N IN PART 1	ō
60	ow r		CERTIFICATION	190 DATE OF OPERATION	196 COND	_ 4_		N WAS PERFORMED	20a	AUTOPSY?		WERE FINDING CAUSES	
AL R	The The Cion.	giene	RTIF	91287 (CAB)	(3)	ST M	J A	NGINA -		NOM	YES		NO []
JF VII	SICIAN: TI gg physici certificate mal-tronsit	Mentol Hyg		216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A		DAY YEAR	21c. HOW INJURY O	OCCURRED (E	SIA -	IN ITEM 18 PAI	(T I OR PART 2)	
NO	PHYSIC nding his ce		MEDICAL	21d. INJURY OCCURRED	21e PLACE	OF INJURY		211 LOCATION STREET		CITY OR TOW	'N	COUNTY	STATE
N N	Se de la company	alth and morked o	2	AT WORK AT WORK				1,		10/1	_		-0.5
	N O O	Heal Is m		22a.1 certify that (1) (this hi		he deceased from		19	, to	- 4	. 1		that (I) (we) last
	ATTE ospith ECTC	1. of		sow the deceased alive above, (I) (we) (did) (die	nat) view the bad	y ofter death.		nd that in (my) (our) or DEGREE	pinion death o	ccurred on the dat	e and nour	22c DATE	
	OR A he hos DIREC	# He		176 SIGNATORE	9 2	Own		A D ATTEND	ING MED	DICAL STAFF	:	6	25/07
	HOSPITAL ned by the FUNERAL	ANT: H		22d PHYSYCIAN'S NAME (IT	(PE OR PRINT)			22e ADDRESS	IAN V DIRE	CTOR PHYSICI	AN []	le /	05/8/
	TO HOSPITAL TO FUNERAL should be should be with the Stoti			DR.	EN E	NNIS		GOOD	SAMAR	ITAN HOS	PITAL		
	5 g 5 g g 4			URIAL, CREMATION, REMO	AL 236 DATE	23	c. NAME OF C	EMETERY OR CREMAT	TORY 23d	LOCATION			
	BP		-	"BÜRIAL	6/27,	/87	Dulane	y Valley		Baltimor	e	COUNTY	Md.
	DHMH - 16	60M 7/84	24 FU	NAME SCHIMUNER	FUNERAL				Sa DATE REC'E	D. BY REGISTRAR 2	Sh REGISTR	AR'S SIGNAT	TURE
	(VRA 15, 4			9705 Bela	ir Rd., 1	Balto. M	d. 212	36	шиос	1007 /	0 000	A 0.0	0.00
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(VR A15 ME (5))



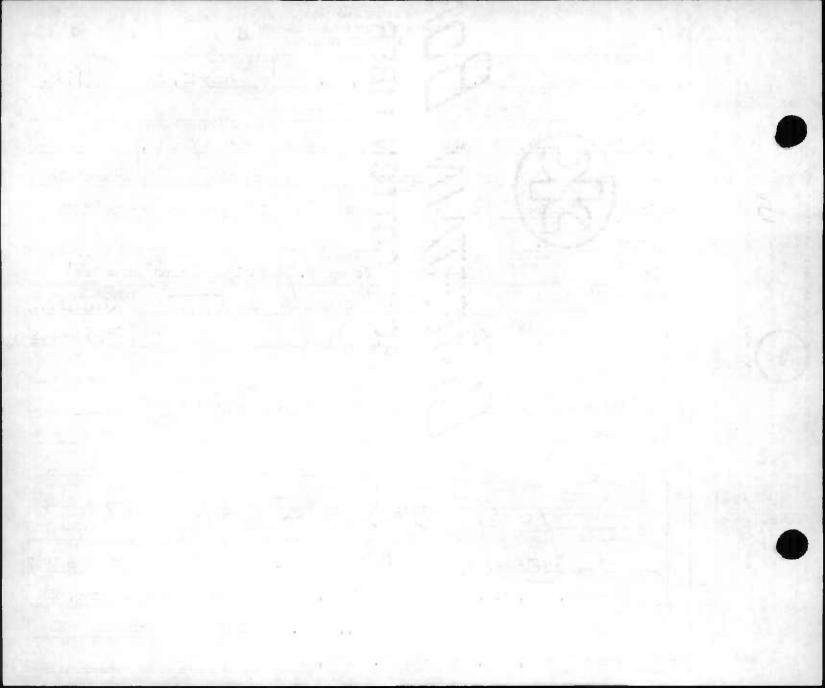
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o d	3. SE	× .		4 RACE		5. DATE OF			6. AGE (IN YEARS LAST
ge 4 ector	Male			White	е	May	26	1935	52
Pod di	To BIRTHPLACE (STATE OR FOREIGN		76 CITIZEN OF	WHAT COUNTRY?	B			9. BALTIMORE CITY	
Sold State	Maryland			United	States	MARRIED NEVER MARRIED WIDOWED DIVORCED			Harford
X	10 CI	TY OR TOWN OF DEA	ATH		HOSPITAL, NURSIN		ROTHER INS	120 USUAL OCCUP	
by th	Aberdeen			st Dean A				Assembly	
212	USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)								
MARYLAND 2120 ed within Ad hours molerely filled in by			Har	ford	Aberdeen		YES X	NO [13. STREET ADDRES
, , , , , , , , , , , , , , , , , , ,	14. FA	THER'S NAME			10.37		15. MOTHER	SMAIDENNA	
MAR ed w		James		T.	Dougan	3.34	Aı	nita	MIDDLE
d co		VAS DECEASED EVER			166 SOCIAL SECU	RITY NO.	17 INFORM	ANT	ADI
BALTIMORE :ote be executy system and copers. Pages wal. it, the medice.	()	YES NO OR UNKNOWN)	(IF YES, GIV	VE WAR OR DATES)	211-26-6	297	Josep	h E. D	ugan 1320 S
DS, 201 W PRESTON ST., BAL quins that the decal certificate signed by the attending physics han place comparing, or removal.	NO	18 CAUSE OF DEATH (Enter only one cause per time (a) a), (b), only (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if only, which gove rise to immediate couse (a), stating the underlying couse lost. DUE TO OR AS A CONSEQUENCE OF DUE TO OR AS A CONSEQUENCE OF DUE TO OR AS A CONSEQUENCE OF							
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5 Da 1100 1	AL	OR CONTRIBUTING A		APRIL DESCRIPTION	10000	19			-
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DIVISION OF VIT MG PHYSKIAN other the certifical of the birdel from th and Mental Hyg arked or from 18 s	W	WALL THE PARTY OF		LATHOME, STR	EET, FACTORY, OFFICE A	MW(FFC)	Platt	-	cmos
DITENDEN cited or STOR, Att for use or of Health		220.1 certify that (1) sow the decease	(this hosp	1 6	19	- 100 - 100) (our) opinion	to death occurred on the
Y The No.		22b. SIGNATURE	3	1082	des	1 60	(T)		MEDICAL S DIRECTOR PHY
SPIT.		22d. PHYSICIAN'S NA	AME (TYPE	OR PR			22e ADDRE	SS	
TO HOSPITA etoined by TO FUNERAl should be del with the Stot				Loo, M.	D.		319	S. Unio	on Avenue
∑ 6 F ≥ 2 ₹ 1		BURIAL, CREMATION,	REMOVAL			AME OF CE	METERY OR	CREMATORY	23d. LOCATION
RP	(Buri	Isi	6/24/	87 Ha	rford	Mom.	Gdns.	Aldino

- STATE

DHMH - 16 60M 7/84

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE OF DEATH MONTH 26 HOUR EIRST (TYPE OR PRINT) JAMES DOUGAN . Jr. T. June 21, 1987 IF UNDER 1 YEAR Y OR COUNTY OF DEATH County. ATION 12b. KIND OF BUSINESS OR ST OF WORKING LIFE Automobile S / ZIP CODE Dean Avenue/21001 Doffmyer Forest Hill, MD Sharon Acres Road ONDITION GIVEN IN PART THE 104 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATHS YES [] NO OURS IN ITEM IS MART I OR FART IN COUNTY STATE that (I) (we) lost date and hour and from the causes stated 22c DATE SIGNED TAFF 22 June 1987 SICIAN Havre de Grace, MD Harford MD 250. DATE REC DE BYRE 9587 256, REGISTRAR'S SONATURE 24 FUNERAL DIRECTOR Harkins Funeral Home, Inc. 600 Main St. Delta, FA



STATE OF MARYLAND 058188 DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 20 DATE KNOWN 7b. HOUR (TYPE OR PRINT) Mary 5p.5 ANGELA Dunaway DEATH MATED 4. RACE 3. SEX S. DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. IE UNDER 24 HRS. 2c. DATE YEAR LAST BIRTHDAY) DAY DEAD 52YRS Female White 6/24 1987 5p M TO BIRTHPLACE (STATE OF FOREIGN COUNTRY) BOLLMOTE 9. BALTIMORE CITY OR COUNTY OF DEATH 76. CITIZEN OF WHAT COUNTRY? MARRIED X NEVER MARRIED Harford MAMIAND WIDOWED [DIVORCED 10. CITY OR TOWN OF DEATH 1). NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 170 USUAL OCCUPATION (TYPE OF WORK 126. KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFET OR INDUSTRY Fallston Housewife Homemaker-Fallston General Hospital USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN 13a. STATE 1136. COUNTY 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Street (21154) MD Harford 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST William Rosie RosaliE Huber INFORMANTS 36-1593 ADDRESS ME, KENERALL SUMMING SON ME, KENNEH, W. DWM STIEET, MAMIAND ZIISY 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANTS 631836-1593 DIVISION (YES, NO. OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) NO 219-12-7191 18. CAUSE OF DEATH (Enter only ane couse per line far (o), (b), and (c).) APPROXIMATE INTERVA BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o A CONSEQUENCE OF Canditians, if ony, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. DIVISION OF VITAL RECORDS, 201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE DE EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDIN PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDIC TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A SHEED DEATH, WITH THE STATE DEPARTMENT OF HEALTH BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL CREM 19a. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [NO [71a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 214. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (ATHOME. 71f LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK Inspection X 27a. I certify that I took charge of the remains described above, held on Autopsy Inquiry and in my apinion Maturol couses Homicide Undetermined monner death resulted from THE (SPECIFY ACTUAL 6/25/87 Deputy_MEDICAL EXAMINER SIGNATURE SIGNED. ADDRESS 464 Alliance St. HDG, MD 21078 EXAMINER'S NAME Luis E. Renjel, M.D. (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE 73c NAME OF CEMETERY OR CREMATORY (SPECIFY) CITY OR TO June 27, 1987 Stagratius Cath. Ch. Cometer Forest Hill other-tord Co. Marylan 21050 07/84 25b. REGISTRAR'S SIGNATURE 50 W. Broadway & Williams St. **DHMH - 17** VICEO PLANE (VR A15 ME (5)) BELAIR, Maryland 21014 mal roilling trate

MPORTANT: If them 21 is marked ar them

DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	REG. N	10.				
20 DATE OF	DEATH	MONTH	DAY	YEAR	2b. HOUI	2
	Jυ	ine	17,	1987	1:30	P
6 AGE (INY	E ARS LAST B	RTHDAY)	IF U	NDER 1 YEAR	IF UNDER	24 HI

1 DECEASED NAME	FIRST		MIDDLE	L	AST		20 DATE OF DEATH	MONTH	DAY YEAR	2b. HOU	R
(TYPE OR PRINT)	Annie	Luc	cille	En	sor		Ju	ine 17	7, 1987	1:30	PM
3 SEX		4 RACE		5 DATE C			6 AGE (IN YEARS LAST B		IF UNDER 1 YEAR		
Female		wh:	ite	Octo		1914	72	YRS	MONTHS: DAYS	HOURS	MIN,
To. BIRTHPLACE (S	ATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8	X	MARRIED -	9 BALTIMORE CITY		OF DEATH		
Mary	land	U.S.	.A.	WIDOWE		NORCED T	Ha	rford	County		MD.
10 CITY OR TOWN			HOSPITAL, NURSIN	G HOME C			120 USUAL OCCUPA	TION	12b KIND C	OF BUSINE	
White H all			Old York I				Housewife	OF WORKING LI	OWN H		
USUAL RESIDENCE		OTHER INSTITUTION					nousewire		JOWII II	One	
13a STATE	136 COUR		13c. CITY OR TOW			CITY LIMITS?	13e.STREET ADDRESS				
MD	Harf	ord	White Ha	11	YES 🗌	NO 🔯	3232 Old	York R	kd 2.	1161	
14 FATHER'S NAME FIRST		MIDDLE	LAST		IS MOTHER	S MAIDEN NA	WE		LA	ST	
Stanle			Almony			Bette			Alm	ony	
160 WAS DECEASED		MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORM		ADDI			2	1161
NO			21982	26121	Lewis	s Ensor	3232 Old Y	Ork Ro	d. Whi	te Ha	11 M
			line for (a), (b), and	d (c+.+			0		APPROX BETWEEN	ONSET AND	DEATH
PART I. DE	ATH WAS CAUSE	D BY. TE CAUSE (a)	Coma	este	we /a	lento-	Freluce		20) cu	2
	10000000		R AS A CONSEQUE	NCE OF			1			0	
Conditions,	if any, which	(b)	Cimaen	. 4	0//0	ud De	sease		B	The	
	to immediate)			0		2 Sund	ine			
underlying		DUE 10, O	R AS A CONSEQUE	NCE OF (cesen	menger	2 April				
PART 2 OTHE	P SIGNIFIC ANT	CONDITIONS CO	ONTRIBILITING TO D	EATH BUT	NOT PEL ATE	D TO THE TERM	AINAL DISEASE OR CO	MOITION CIL	/ENLINE DART 1:	-	===
	N SIGNIFICANT	CONDITIONS C	SIVIKIBOTING TO E	ZEAIN BOI	NOT KELATE	D TO THE TERM	MINAL DISEASE OR CO	ADITION GIV	EN IN PART I	d	
Y 190 DATE OF C	PERATION	19h COND	ITION FOR WHICH	OPERATIO	N WAS PERF	ORMED	20a AUTOPSY?	1206 IF YES	S, WERE FINDI	NGS LISEI	
잂						0		IN CERTIF	FYING CAUSES	OF DEAT	H?
TIP ACCIDENT	WAS UNDERLYING	1 21b. TIME C	E INTUIDY		Tale HOW I	NURY OCCUR	YES NO		S 🗌	NO [
0 210	G CAUSE OF DE	I HOUR A	M. MONTH DA	Y YEAR	ZIC HOW I	NJURT OCCUR	KED (ENTER NATURE OF IN.	URY IN ITEM 18	PART I OR PART 2)		
9	IFY MEDICAL EXAMINE	_	м.	19							
er		21e PLACE	OF INJURY	ARM ETC)	211 LOCAT		CITY OR 1	OWN	COUNTY	5	TATE
WHILE AL WORK	NOT WHILE	,		,	,						

220.1 certify that (1) (this haspital) attended the deceased from saw the deceased alive an above (h) (we) (did) (did not) view the body after death.

and that in (my) (aur) apinion death accurred on the date and have and from the causes stated DEGREE

ATTENDING PHYSICIAN

22e ADDRESS

that (It (we) last

ONALD DEMBO

MEDICAL STAFF

230 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

72h SIGNATURE

23. NAME OF CEMETERY OR CREMATORY West Liberty Cem.

White Hall, Baito., MD

24 FUNERAL DIRECTOR

FOR - STATE

REGISTRAR

RECTOR 24 Second St. PA 1734 9UL 0 1 1887 REGISTRAR'S SIGNATURE

1 - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	10.9		la.	
	-	64	0	
i.		4		

11 1		REGISTRAR		CEKIIF	ICATE OF DEATH	REG. NO.			
30		CEASED NAME FIRST	MIDDLE	(AST 2	O. DATE OF DEATH MO	ONTH DAY YEAR	2b. HOUR	
1	(11172	Fanni	e C.	F	onte	June 12,	1987	M	
	3. SE	X	4. RACE	5. DATE C	F BIRTH 6	. AGE (IN YEARS LAST BIRTHD			
2		Female	White	Mar	ch 5, 1917	70	YRS. DAYS	HOURS MIN	
1		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	TRY? 8.	D NEVER MARRIED 9	BALTIMORE CITY OR	BALTIMORE CITY OR COUNTY OF DEATH		
1		Maryland	U.S.A.	WIDOWE	and the same of th	Harford	County	MD.	
P	10. CI	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N	URSING HOME C	OR OTHER INSTITUTION 1	2a USUAL OCCUPATION		OF BUSINESS OR	
	180	avre de Grace	1004 S. Ada		et	Housewife			
1	130 S	AL RESIDENCE (IF NURSING HOME OF			13d. INSIDE CITY LIMITS?	3e.STREET ADDRESS / Z	IP CODE		
1	-		ford Edgev	wood	YES NO		wood Court	21040	
1	14 FA	ATHER'S NAME	MIDDLE LAS	a T	15 MOTHER'S MAIDEN NAME	MIDDLE	-	AST	
6	1	Anthony	Lamarti	ina	Rose		Alas		
1		VAS DECEASED EVER IN U.S. AF	RMED FORCES? 16b. SOCIAL	SECURITY NO.	17. INFORMANT	ADDRESS			
	,,,	No	219–16	6-2744	Joseph A. For	ate 210 Lau	entum Pkwy	r. 21009	
		18 CAUSE OF DEATH (Enter of	nly one couse per line for (o),	by, and icy	- 1	× L	APPRO: BETWEEN	XIMATE INTERVAL LONSET AND DEATH	
		PART I. DEATH WAS CAUSE IMMEDIA	TE CAUSE (a)	luly	respirate	Aust			
			DUE TO, OR AS & CONS	SEQUENCE OF		4		0	
		Conditions, if ony, which	(16) Africa	incel	Carcining	of Ova	m	cryle	
		gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONS	SEQUENCE OF	ν Λ	V	0 /	of week	
		underlying couse lost.	(c) WIR	Jul	ne pacitis			0	
	7	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	G TO DEATH BUT	NOT RELATED TO THE TERMIN	AL DISEASE OR CONDIT	ION GIVEN IN PART 1	lo	
	CERTIFICATION	Cacheria	Anen		Dehydrat	7	/		
1	FICA	190. DATE OF OPERATION	196. CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED		Ob. IF YES, WERE FIND! N CERTIFYING CAUSE:		
	RTII				To	YES NO	YES 🗌	NO 🗌	
		210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE		1 DAY AFAR	21c. HOW INJURY OCCURRED	D (ENTER NATURE OF INJURY II	LITEM 18 PART I OR PART 2)		
	CA	(IF EITHER, NOTIFY MEDICAL EXAMINE		19					
	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF UJURY (AT HOME, STREET, FACTORY, O	FFICE, FARM, ETC.)	21f. LOCATION STREET	CITY OR TOWN	COUNTY	STATE	
		AT WORK NOT WHILE			100				
		22a. I certify that (I) (this hosp			1985 19	. 10 6 12		, that (1) (wg) lost	
			ot) view the body ofter/death.	4,	nd that in (my) (our) opinion dec	oth occurred on the dote			
		22b. SIGNATURE	1//		DEGREE ATTENDING	MEDICAL STAFF	22c DATE	ESIGNED	
		11/ 4	14		PHYSICIAN 2	DIRECTOR PHYSICIAL	V 6	12/87	
1		22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	n (h. n. 19—)	22e ADDRESS	Box 57	9	,	
		VKM	119, FIA	MML	I s law st	Aberle	m , 10	2001	
		BURIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY	236. LOCATION CITY OR TOWN	COUNTY	STATE	
		Burial	√un 13 1987	Meadow:	ridge Memorial	Dorsey	Mary	land	

DHMH - 16 60M 7/B4 (VRA 15, 4)

injury, or other troumotic event, th

should be detoched for use os the buriol-tronsit permit. Then pleose remove corbonpope with the Stote Dept. of Heolth and Mental Hygiene prior to burial, cremation, or removal

IMPORTANT: If them 21 is marked or them 18 shows any

TO FUNERAL DIRECTOR: After this certificate has been

OR ATTENDING PHYSICIAN: The low

TO HOSPITAL

BP.

Leonard J. Ruck, Inc. Baltimore, Maryland

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

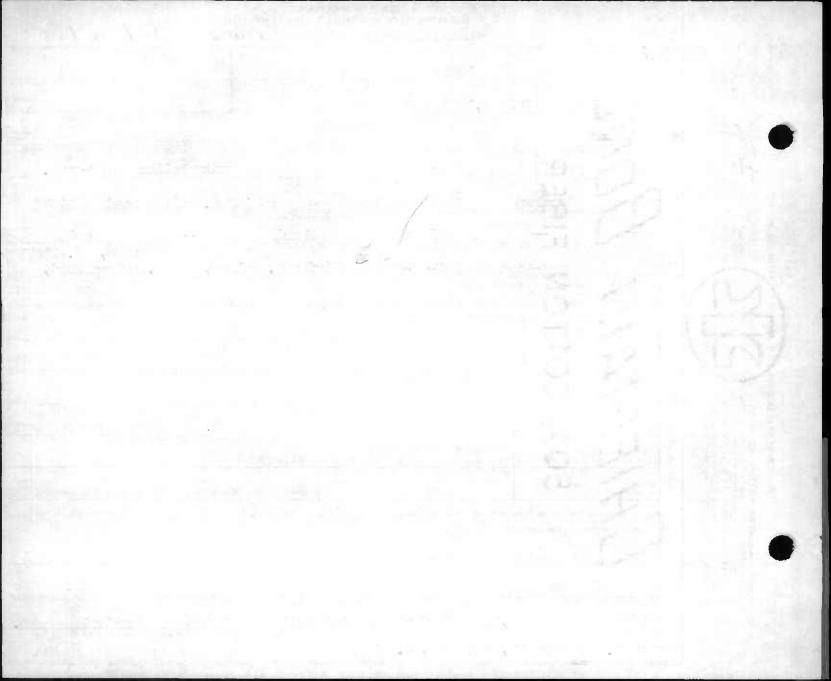
Tiondrom Pendasso

Manie 12, 1900 June 12, 1901 111, 101 Harry de Grace 1004 S. Ada 3 Street " Louis Substitu Harriagi Harford Sdyewood x 2505 Furtwood Sourc 210:0 Die mer in 213-10-2744 .comogn A. Fonta 210 .arestitus Esso. 210/5

ANTIEL JUN 13 1351 CONSTRUCTED COTTEL COTTEL CONTROL C

(VR A15 ME (5))

STATE OF MARYLAND



nerol director, page 3 y72 hours after death

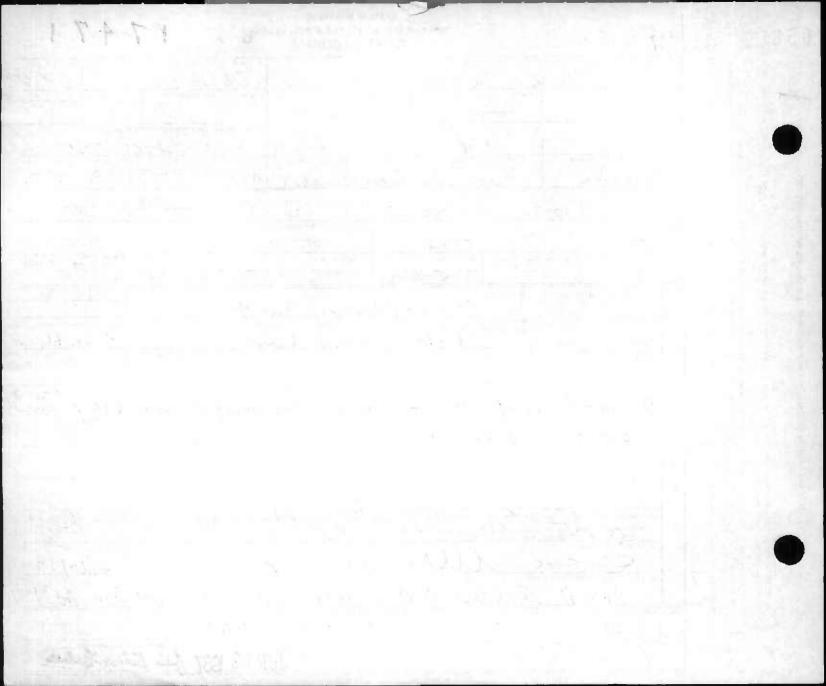
1	STA	TE OF M	ARYLAND		
EPARTMEN	T OF	HEALTH	AND MEN	TAL	HYGIENE

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UN		FOR STATE REGISTRAR		DEPARTM		EALTH AND MENTAL HYG ICATE OF DEATH	IENES 7	1578144	7.
	1. DE	OR PRINT)	EDRCA.	MIDDLE // Jalton		Ilan LD	20 DATE OF DEATH MONT	H ON THE	1 HOUR 6 25 13
	3. SE		4. RACE	Walter	5. DATE O	OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY		W m
	1	NA/E	WHI	TE	MONTH	DAY YEAR	75	YRS. MCPHINS DAYS	HOURS MIN
2/	70. B	RTHPLACE (STATE OR FOR	IGN 76. CITIZEN OF	WHAT COUNTRY?	8 MARRIEI	NEVER MARRIED	BALTIMORE CITY OR CO	UNTY OF DEATH	
	10.0	MD.	U NAME OF	SIF.	WIDOWE	D DIVORCED	THAT	The second second	DUNTY MD.
2	1	FALLSAN	(IF NOT IN SU -6	CHEACILITY, GIVE STREET	ULT	ROTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR CUSTODIAL OF	KING LIFE) INDUSTRY	TE OF MD.
S		AL RESIDENCE (IF NURSING STATE 13	Harford	13c. CITY OR TOWN Forest 1		13d INSIDE CITY LIMITS? YES NO.	13e.STREET ADDRESS / ZIP 1620 REBECCA	CODE A CT, 21	1050
()	14. FA	JOHN	WIDDLE	FULTON		15. MOTHER'S MAIDEN NA/ MARGARE	WICOTE		BAKER
dical		WAS DECEASED EVER IN YES, NO OR UNKNOWN)	IF YES, GIVE WAR OR DATES)			17. INFORMANT	ADDRESS	BEL AIR N	
he me	_	YES	WW II	214-07-32		NANCY SRB	(DGHTR) 1302 S	SOUTHWELL	
event, the medical		18 CAUSE OF DEATH IN PART 1. DEATH WAS	Enter only one couse pe CAUSED BY: MEDIATE CAUSE (0)	Cardio	- Pul	monary Ar	est	BETWEEN	XIMATE INTERVAL N ONSET AND DEATH
injury, or ather troumotic		Conditions, if ony, w gove rise to immed couse (a), stating underlying couse	thich (b)_	PR AS A CONSEQUE	U	reford from		7 ,	nouth
È)	CERTIFICATION	PART 2. OTHER SIGNIF Depression 190 Date of OPERATIF 5/7/8 710. ACCIDENT WAS UNDER	Anenia/1 196. CONE 7 Pis	Malauta to DiTION FOR WHICH	OPERATION	trator of Prime	YES NO	IF YES, WERE FIND CERTIFYING CAUSE YES	distrect
		OR CONTRIBUTING CAL	SE OF DEATH HOUR A	.M. MONTH DA		ZIE HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN IT	EM 18 PART 1 OR PART 2)	
is morked or Item-18 show	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE	OF INJURY TREET, FACTORY, OFFICE, FA	19 ARM, ETC)	21f LOCATION STREET	CITY OR TOWN	COUNTY	STATE
		220.1 certify that (1) (1) sow the deceased		9 19 5	7 , on	id that in (my) (our) opinion (deoth occurred on the date of	19 <u>47</u> nd hour and from th	, tha (1) (we) lost se couses stoted
MPORTANT: If Item 21		22b. SIGNAFHRE	٠,	Me	٠ .	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN		16/57
APORTA		22d PHYSICIAN'S NAM	O MCC	Cive M	D	113 / Be	Air sid	Bel Acin	Nel 2101)
		BURIAL, CREMATION, RE BURIAL	6/13/8	37 G		EMETERY OR CREMATORY S OF FAITH	23d LOCATION BALTIMORE	COUNTY	MD ^{STATE}
7/84	24 FU	9705 BELAI	FUNERAL HOM R RD. BAL'		236	25a ĐÁT	N 12 1987	LEGISTRAR'S SIGNA	

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and coil should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remayal.



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH -REGISTRAR 20. DATE KNOWN 1 DECEASED NAME (TYPE OR PRINT) ESTI-Andrea DEATH MATED Garand Marie 4. RACE DATE OF BIRTH & AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS DATE 15 VDC Dec. 1, 1971 White Female DEAD TO BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) IJSA New Hampshire WIDOWED [DIVORCED Harford County CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Student Havre de Grace Harford Memorial Hospital JSUAL RESIDENCE (IF IN MURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 30. STATE 13b COUNTY 13c CITY OR TOWN Rockingham NO [Portsmouth 19 Weeld Rd 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME William Garand Sandra 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO (IF YES, GIVE WAR OR DATES) 002-64-5003 Mr. William A. Garand 18 CAUSE OF DEATH (Enter only ane couse per line far (o), (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Multiple injuries DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (o) stating the under-DUE TO. OR AS A CONSEQUENCE OF lying couse lost. CAL EXA BURIAL PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 19a. DATE OF OPERATION EXECUTE THE CERTIFICATE, WRITING THE WORD "PROBLE & SHOULD BE FORWARDED TO THE CHIEF TO FUNEX DEPOSITION TO THE STATE DEPOSITION OF HE BALLOWORE, MARYLAND, 21201 PRIOR TO BURIAL 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?

Leonard J. Ruck Inc. Baltimore, Maryland

Hartson APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20 AUTOPSY? YES X NO [210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR HOUR A.M. MONTH DAY TEAK CONTRIBUTING CAUSE OF DEATH 1:49 KM. 6 18 1987 impact Passenger in tractor trailer/fixed object 214 INJURY OCCURRED ? le PLACE OF INJURY (AT HOME. 21f. LOCATION STREET, FACTORY, FARM, ETC.) CITY OF TOWN WHILE AT WORK road I-95 near 155 Overpass, Havre de Crace, Harford 27a. I certify that I took charge of the remains described above, held an Autopsy death resulted from: Natural causes Suicide Hamicide Undetermined monner TITLE (SPECIFY) DATE SIGNED 6/18/87 Assistant MEDICAL EXAMINER EXAMINER'S NAME William M. Zane, M.D. ADDRESS 111 Penn St. Balto.MD. (TYPE OR PRINT) 23a. BURIAL, CREMATION, REMOVAL 23b DATE 23r NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE Portsmouth Rockingham Burial June 26, 1987 South 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

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12b. KIND OF BUSINESS

OR INDUSTRY

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DHMH - 17

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Andrew Command Command

STATE OF MARYLAND

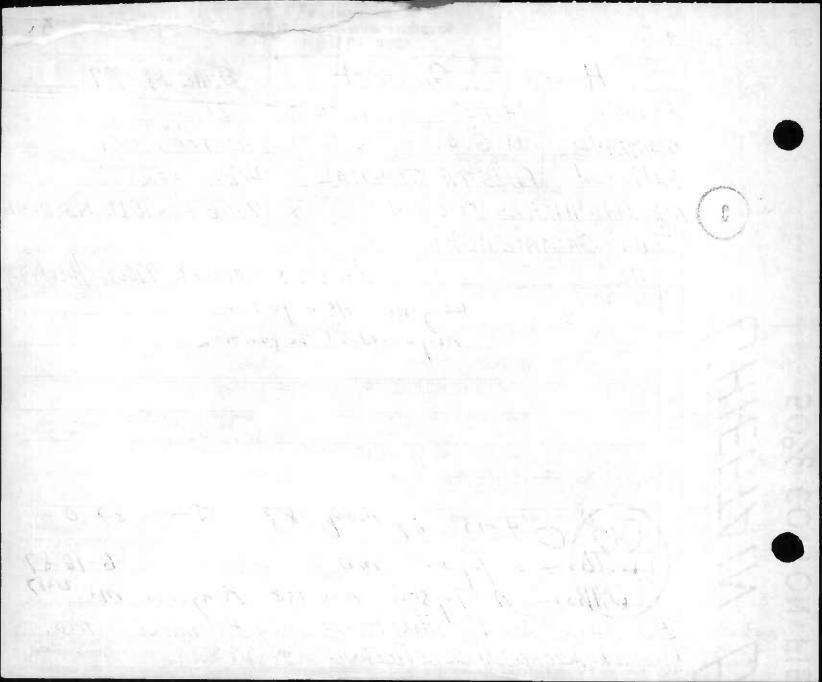
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

17473

J	ON-	REGISTRAR			CERTIF	ICATE OF DEAT	H	REG. NO	٥.		
		EASED NAME HELEI		GN GN	TUR	EK	2	DATE OF DEATH	MONTH - 14	1987	26 HOUR
	3. SEX	EMALE	WHIT	E	S. DATE C		1915	AGE (IN YEARS LAST BIR	YRS.	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
	Ma. BIR	ATHPLACE (STATE OR FOREIGN 76 OUNTRY)	CITIZEN OF	A .	MARRIE WIDOWE	D NEVER MARR	ED 📙	HARFOI	R COUNTY	CO,	MD.
2	FA	ILLSTON 1	PALLS	TON G	ENE	RAL		V USUAL OCCUPATE WENT OF WORK FOR MOST OF MOST OF METERS A			OF BUSINESS OR
	130. S	RYLAND HARP		GIVE RESIDENCE BEFORE 13. CITY OR TOWN FALLST		13d INSIDE CITY LI	X	9906 F	ZIP CODE	1111	PD 2104
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1		AS DECEASED EVER IN U.S. ARMI ES, NO OR UNKNOWN) (IF YES, GIVE V	ED FORCES? VAR OR DATES)	16b. SOCIAL SECUI	rity no.	WALTER	P.	GMURE!		906 FOX	HILL BO
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1	CERTIFICATION	19a. DATE OF OPERATION			OPERATIO	N WAS PERFORMED		YES NO	IN CERTIF	FYING CAUSES	
>	MEDICAL CE	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE AT WORK AT WORK 22a 1 certify that (II) (this hospito sow the deceosed alive or above (II) we) (did) (flid not) 22b. SIGNAWIRE	P. 21e PLACE (AT HOME, STI	M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, FA	19 ARM. ETC)	211. LOCATION STREET 11. LOCATION STREET 12. LOCATION STREET 13. LOCATION STREET 14. LOCATION STREET 15. LOCATION STREET ATTEN ATTEN	opinion dec	CITY OR TO CITY OR TO Oth occurred on the de	ote ond hou	COUNTY	
1	7114-13	274 PHYSICIAN'S NAME (1994 CH) W. HIS W.	ZH-DATE	17950	Ph NAME OF S	BOX	ICIAN [4	Hungs	ville	md.	21087
	P	MERAL DIRECTOR LACZON	POWSK	1 2525,	FLEE	OSARY (E)	JUN	######################################	10RF	TRANSPICIONAL	ND.

DHMH - 16 50M 4/83 (VRA 15, 4)

MEDSTANT: If them 21 is marked at them 18 shaws any injury, or ather traumotic event, the medical



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may bo	3. SE	X Section 1	RACE	5. DATE	OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
ge 4		Female	White	Dec.		83 YRS.	MONTHS DATS HOURS MIN.
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1/10/	10. C	TY OR TOWN OF DEATH		AL, NURSING HOME TY. GIVE STREET ADDRESS)	OR OTHER INSTITUTION	128 USUAL OCCUPATION	126 KIND OF BUSINESS OR
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4 hou lid be usrbe	130.5	AL RESIDENCE () URSING HOME C STATE 136 COU		SIDENCE BEFORE ADMISSION	136 INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP COO	DE
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ficate b		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS		r (o), (o), and (r		J- 1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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A A A A A A A A A A A A A A A A A A A		220.1 certify that (1) (this hosp	ital) attended the dece	osed from	5/15 19 87	, to	, 19, that (1: (we) last
Sprite CTO For of F		sow the deceased alive a	at) view the body after d	eoth.	and that in (my) (our) opinion	deoth occurred an the date and ha	our and from the couses stated
OR A		22b. SIGNATURE	(6 11	DEGREE		224 DATE SIGNED
Y the XAL D detaction of the D		18kg	will	to m	TITI SICIAIN	MEDICAL STAFF DIRECTOR PHYSICIAN	18/24/87
FUNER by Hospit	1	22d. PHYSICIAN'S NAME (TYPE	OR PRINT		22e ADDRESS		
TO HOSPITA etained by TO FUNERAL should be de with the Stati							
F 5 F 6 7 2 7		SPECIFY) 7 (C			CEMETERY OR CREMATORY	236 LOCATION CITY OR TOWN	COUNTY STATE
BP		moval/Cremation	1 June 24,19	987 R.A. F		West Chester,	
DHMH - 16 60M 7/84		JNERAL DIRECTOR	D4 41	ADDRESS		E REC'D. BY REGISTRAR 256 REGIS	
(VRA 15, 4)	1a:	rring Funeral H	ome, PA, Aber	deen,MD,2	1001-3399	N 2 6 1987 Julia D	Troidson . Rendallo

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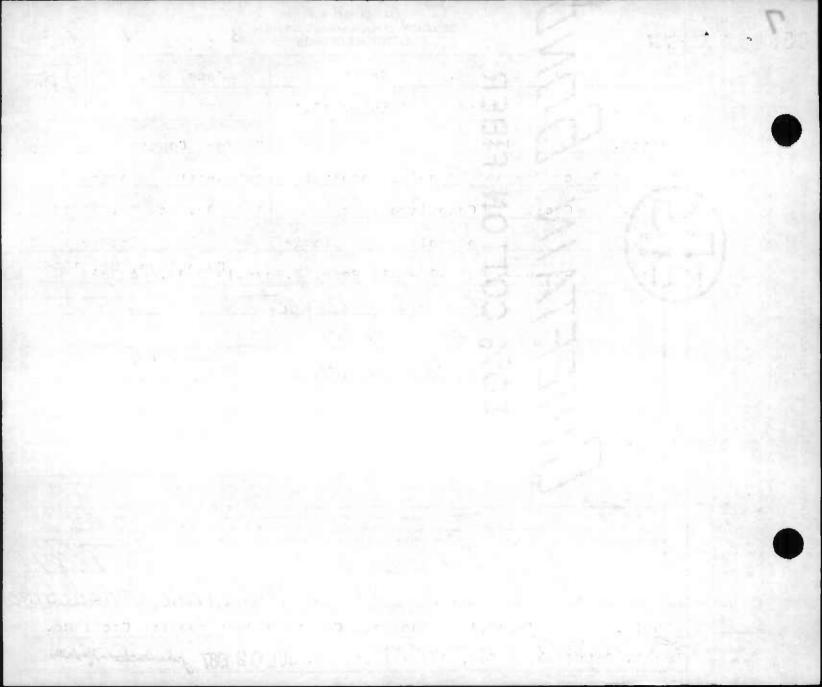
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STATE OF MARYLAND

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489 JUL		FOR STATE REGISTRAR			DEPART	MENT OF H	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	IENE 8	7 REG. NO	1	7 4	7
		CEASED NAME	FRSI		WOOLE	16.01	NS!	2s. DATE OF	DEATH .	HONTH T	SARTY PAG	18 HOU
904		1	Mary		Κ.	G	rant		June	29,	1987	40
1	3. SE		4	RACE		S. DATE O		6. AGE (MIS		HELAY)	FUNCEE I YEAR	# PHOTO 24
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STATE OF MARYLAND	
EPARTMENT OF HEALTH AND MENTAL HYGIE	NE
CERTIFICATE OF DEATH	

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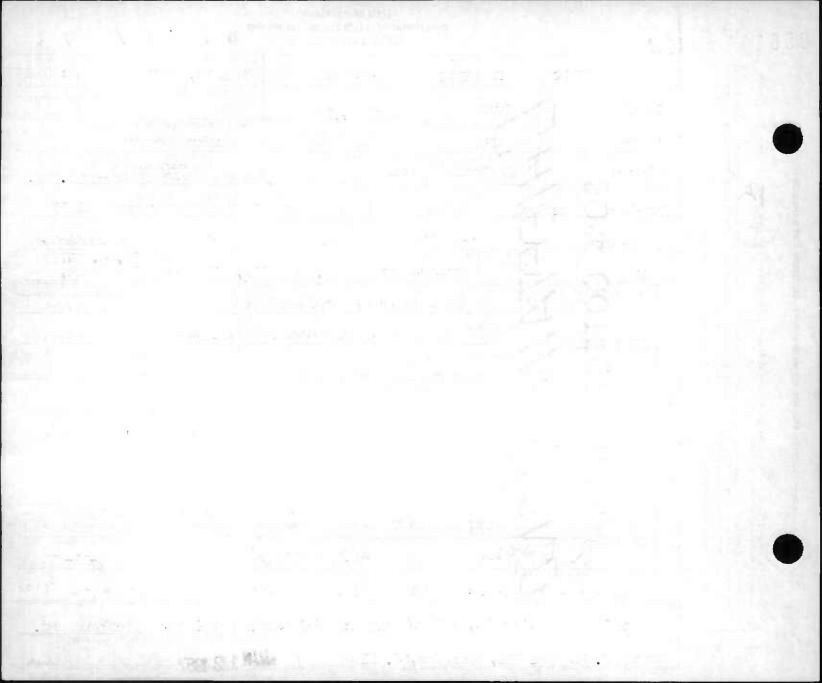
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	DECEASED NAME FIRST	A	AIDDLE	-	AST	20. DATE OF DEATH		DAY YEAR	2b. HOUR 9
(1	CORINE	ROS	SILLI	HA	GGERTY	June 10,	1987		9:20
3. 5	SEX	4. RACE		S. DATE C		6 AGE (IN YEARS LAST	BIRTHDAY)	MONTHS DAYS	IF UNDER 24 H
	Female	White		Apri		54	YRS.	MONINS DAYS	HOURS W
7a.	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNT	Y OF DEATH	
	Italy	USA		WIDOWE	DIVORCED	Harfor	d Coun	ty	
and the	CITY OR TOWN OF DEATH Belcamp		OSPITAL, NURSING HEACILITY, GIVESTREET A LIVIS SQUA		OR OTHER INSTITUTION	17a USUAL OCCUP	EFICER	(FE) INDUSTRY	F BUSINESS
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130	a. STATE 13b COU	YTY	13c. CITY OR TOWN		13d. INSIDE CITY LIMITS?	13e.STREET ADDRES			
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14	FATHER'S NAME FIRST	MIDDLE	EAST		15 MOTHER'S MAIDEN NAM	ME MIDDLE		LAS	ī
)	Caesar		Rossilli		Rose	Helen		DeBene	
160	WAS DECEASED EVER IN U.S. AF	MED FORCES?	166 SOCIAL SECUR		17. INFORMANT			lt,Md.	
	No		212-34-6	5511	Ann B. Rossi	lli, 7114	Ora G	len Cou	rt,
F	18 CAUSE OF DEATH (Enter or	nly ane cause per	line for (a), (b), and	l (c),)				APPROXI BETWEEN C	MATE INTERVA
	PART I. DEATH WAS CAUSE	D BY: TE CAUSE (a)	PULMO	MANC	LY METOST	BSES			tem
	gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OF	R AS A CONSEQUE	NCE OF					
Z	PART 2. OTHER SIGNIFICANT	CONDITIONS CO	INTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CO	ONDITION GIV	VEN IN PART 110	>
CERTIFICATION	190. DATE OF OPERATION	196 CONDI	TION FOR WHICH (OPERATIO	N WAS PERFORMED	YES NOW	IN CERTI	S, WERE FINDIN IFYING CAUSES ES []	IGS USED OF DEATH
1	OR CONTRIBUTING TO CAUSE OF DE	ATH	M. MONTH DA	Y YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF IT	JURY IN ITEM 18	PART T OR PART 2)	
MEDICAL	Z1d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE (OF INJURY EET, FACTORY, OFFICE, FA	RM, ETC)	211 LOCATION STREET	CITY OR	TOWN	COUNTY	STA
	22a.1 certify that (1) (this hosp saw the deceased alive ar above, (1) (we) (did) (did no 22b. SIGNATURE)	Me	19 8		, 19 (aur) apinian o	. 10	date and have		
	1/60	Xem			MD ATTENDING PHYSICIAN	MEDICAL ST DIRECTOR PHYS	TAFF SICIAN 🗌		1-87
	RICHARD S		on ha		22 S. GNE	ENR ST.	BALL	more, n	1) 21°
230	BURIAL, CREMATION, REMOVAL	23b. DATE	23c N	AME OF C	EMETERY OR CREMATORY	23d. LOCATION			STA
	Burial	Tune 15	1987 Ro	1 Dir	Memorial Car	done Bol	7 i ac	Harford	

DHMH - 16 60M 7/84

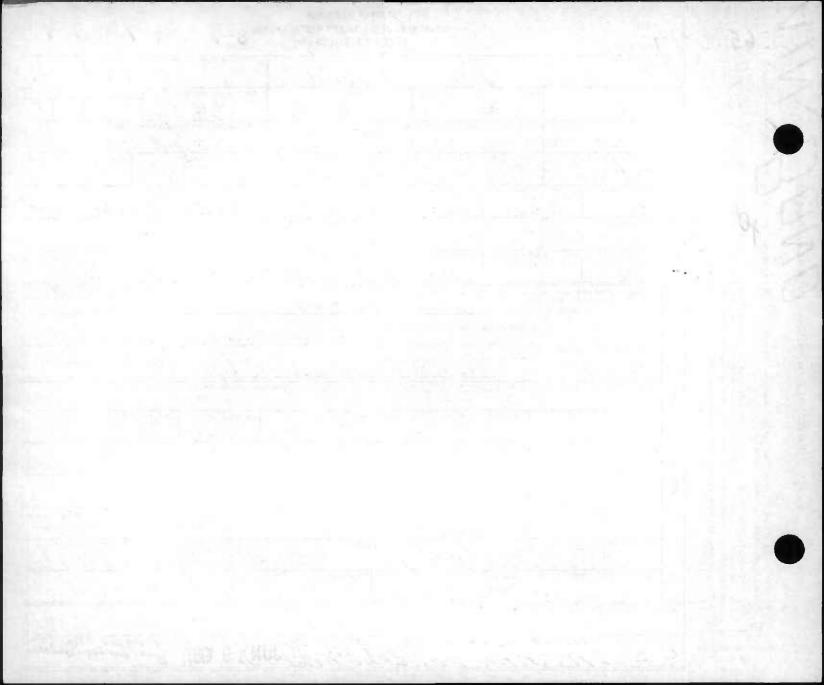
BP.

74 FUNERAL DIRECTOR
NAME
HOWard K. McComas III, Abingdon, Md. 21009 (VRA 15, 4)

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE



5 JUN 2		FOR STATE REGISTRAR	DEPARTI	MENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	REG. NO.	7471
	The P	EASED NAME FIRST	WIDDLE	LAST		DAY YEAR 26 HOUR
÷		OR PRINT)	maria	Harfaeld		1787 1149
r deoth	3. SEX	Frace	1. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR OF UNDER 24 H
	J. JEA	F	W	MONTH DAY YEAR	54 YRS.	MONTHS DAYS HOURS M
120	7c. BI	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	0	9 BALTIMORE CITY OR COUNTY	Y OF DEATH
18	CI	eveland , Oh		MARRIED NEVER MARRIED UNIDOWED DIVORCED	Harfred	Gy
83	10. ⊂1	Fallskn	11. NAME OF HOSPITAL, NURSIN (IEDIOT IN SUCH FACILITY, GIVE BYREET CALLS ON COL	ADDRESS) ADDRESS) HOLE HOLE PIECE	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI	121/KIND OF BUSINESS INDUSTRY Home
id be	USUA 13c S	L RESIDENCE (IF NURSING HOME OR TATE	/	N 13d. INSIDE CITY LIMITS?	13. STREET ADDRESS / ZIP CODI	E /
	1	NO NOV	beur talls	TELL YES DE NO []		uplane 2104
作力	14 FA	THER'S NAME	WIDDLE LAST	15 MOTHER'S MAIDEN NA	MIDDLE	LAST
O\$()		Joseph	Ragonese	Francis		avoca
medicol		AS DECEASED EVER IN U.S. AR/	SALLAR OR DATES	./	ADDRESS1707	7 Brickhouse L
medico	(1	VO TES	226-36-	25/6 Mr. Peter F.	Hairfield, Falls	ston, Md.21047
- å		18 CAUSE OF DEATH (Enter on	y one couse per line for (a), (b), on			APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
event, t		PART I. DEATH WAS CAUSEI	BY:	Imcuan Arast		MINIFOR
		IMMEDIAI	E CAOSE (O)			1
atian, ar I troumotic		Conditions If any 11 t	DUE TO, OR AS A CONSEQUE		Coulus 1 km ph vo	ms 24/11
		Conditions, if any, which gove rise to immediate	(b) McGUSSI	e conjence near	carred / Lings / Lin	ria Dirit
or other		couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQUE	ENCE OF CONOCOCONCINC	10H (1000 /06	3 men las
				TOUT OF CONTROL	COU (/VIII)	, ,
burio ury, or	z	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GIV	,
r to bur	TION		-	DEATH BUT NOT RELATED TO THE TERM		VEN IN PART 110
prior to bur	ICATION	PART 2 OTHER SIGNIFICANT O	-		20a AUTOPSY? [20b. IF YES	VEN IN PART 110
ne prior to bur s any injury,	TIFICATION		-	DEATH BUT NOT RELATED TO THE TERM	20a AUTOPSY? 20b. IF YES	VEN IN PART 110
Hygiene prior to bui	CERTIFICATION	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	19b. CONDITION FOR WHICH	OPERATION WAS PERFORMED 21c HOW INJURY OCCUR	20a AUTOPSY? 20b. IF YES	VEN IN PART 110 S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES \(\text{NO} \)
Hygiene prior to bui		190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	19b. CONDITION FOR WHICH 21b. TIME OF INJURY HOUR A.M. MONTH D	OPERATION WAS PERFORMED AY YEAR 21c HOW INJURY OCCUR	200 AUTOPSY? 206, IF YE. IN CERTII	VEN IN PART 110 S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES \(\text{NO} \)
Mento Nygiene prior to bu		190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	19b CONDITION FOR WHICH 21b. TIME OF INJURY HOUR A.M. MONTH D. P.M. 21e. PLACE OF INJURY	OPERATION WAS PERFORMED 21c HOW INJURY OCCUR 19 211. LOCATION	200 AUTOPSY? 206, IF YE. IN CERTIN YES NO YE. RED (ENTER NATURE OF INJURY IN ITEM 18 I	S, WERE FINDINGS USED FYING CAUSES OF DEATH? SS NO PART 1 OR PART 2)
or Item 18 shows any injury,	MEDICAL CERTIFICATION	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 21d. IN JURY OCCURRED	21b. TIME OF INJURY HOUR A.M. MONTH D. P.M.	OPERATION WAS PERFORMED 21c HOW INJURY OCCUR 19 211. LOCATION	200 AUTOPSY? 206, IF YE. IN CERTII	S, WERE FINDINGS USED FYING CAUSES OF DEATH? SS NO PART 1 OR PART 2)
or Item 18 shows any injury,		190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	19b. CONDITION FOR WHICH TH HOUR A.M. MONTH D. P.M. 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F	OPERATION WAS PERFORMED 21c HOW INJURY OCCUR 19 211. LOCATION	200 AUTOPSY? 206, IF YE. IN CERTIN YES NO YE. RED (ENTER NATURE OF INJURY IN ITEM 18 I	S, WERE FINDINGS USED FYING CAUSES OF DEATH? PART 1 OR PART 2) COUNTY STATE
Health and Mentol Hygiene prior ta buils morked ar Item 18 shows any injury,		190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING CAR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE AT WORK AT WORK 220.1 certify that This haspit sow the deceased alive on.	19b. CONDITION FOR WHICH 21b. TIME OF INJURY HOUR A.M. MONTH D. P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FOR THE CONTINUE OF THE CONTINUE	OPERATION WAS PERFORMED AY YEAR 19 211. LOCATION STREET	206 AUTOPSY? 206, IF YE. IN CERTIN YES NO YE. RED (ENTER NATURE OF INJURY IN ITEM 18 I	VEN IN PART 110 S, WERE FINDINGS USED FYING CAUSES OF DEATH? SS NO PART 1 OR PART 2) COUNTY STATE
of Health and Mentol Hygiene prior to bui		190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 220. I certify that This haspit sow the deceased alive on obave, 11) (ye) (did) (did and obave, 11) (ye) (did) (did not	19b. CONDITION FOR WHICH 21b. TIME OF INJURY HOUR A.M. MONTH D. P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FOR THE CONTINUE OF THE CONTINUE	OPERATION WAS PERFORMED AY YEAR 19 211. LOCATION STREET 29. and that in my (our) opinion	200 AUTOPSY? 206, IF YE. IN CERTIN YES NO YE. RED (ENTER NATURE OF INJURY IN ITEM 18 I	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES NO PART 1 OR PART 2) COUNTY STATE 19 (we)
Sept. of Health and Mental Hygiene prior to buy them 21 is marked or Item 18 shows any injury.		190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING CAR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE AT WORK AT WORK 220.1 certify that This haspit sow the deceased alive on.	19b. CONDITION FOR WHICH 21b. TIME OF INJURY HOUR A.M. MONTH D. P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FOR THE CONTINUE OF THE CONTINUE	OPERATION WAS PERFORMED 21c HOW INJURY OCCUR AY YEAR 19 211. LOCATION STREET 19 21. LOCATION OF THE TERM 19 21. L	200 AUTOPSY? 20b. IF YES NO NEET IN CERTING NO NEET IN CERTING	VEN IN PART 110 S, WERE FINDINGS USED FYING CAUSES OF DEATH? SS NO PART 1 OR PART 2) COUNTY STATE
Dept. of Health and Mentol Hygiene prior to builtern 21 is morked or Item 18 shows any injury,		21a. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER AT WORK NOTIFY THE CONCONTRIBUTION OF THE CONTRIBUTION OF TH	19b. CONDITION FOR WHICH TH HOUR A.M. MONTH D P.M. 21e PLACE OF INJURY (AF MOME STREET, FACTORY, OFFICE, F	OPERATION WAS PERFORMED 21c. HOW INJURY OCCUR 19 21l. LOCATION SIREE1 22 19 27 19 28 29 19 20 19 21	206 AUTOPSY? 206, IF YE. IN CERTIN YES NO YE. RED (ENTER NATURE OF INJURY IN ITEM 18 I	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES NO PART 1 OR PART 2) COUNTY STATE 19 (we)
Dept. of Health and Mentol Hygiene prior ta builtem 21 is morked or Item 18 shows any injury,		190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 220. I certify that This haspit sow the deceased alive on obave, 11) (ye) (did) (did and obave, 11) (ye) (did) (did not	19b. CONDITION FOR WHICH TH HOUR A.M. MONTH D P.M. 21e PLACE OF INJURY (AF MOME STREET, FACTORY, OFFICE, F	OPERATION WAS PERFORMED AY YEAR 19 211. LOCATION STREET 212. and that in (my) (our) opinion DEGREE ATTENDING	200 AUTOPSY? 20b. IF YES NO NEET IN CERTING NO NEET IN CERTING	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES NO PART 1 OR PART 2) COUNTY STATE 19 (we)
Sept. of Health and Mental Hygiene prior to buy them 21 is marked or Item 18 shows any injury.		21a. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER AT WORK NOTIFY THE CONCONTRIBUTION OF THE CONTRIBUTION OF TH	19b. CONDITION FOR WHICH TH HOUR A.M. MONTH D P.M. 21e PLACE OF INJURY (AF MOME STREET, FACTORY, OFFICE, F	OPERATION WAS PERFORMED 21c. HOW INJURY OCCUR 19 21l. LOCATION SIREE1 22 19 27 19 28 29 19 20 19 21	200 AUTOPSY? 20b. IF YES NO NEET IN CERTING NO NEET IN CERTING	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES NO PART 1 OR PART 2) COUNTY STATE 19 (we)
tem 21 is morked or Item 18 shows only injury.	WEDICAL MEDICAL	21a. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER AT WORK NOTIFY THE CONCONTRIBUTION OF THE CONTRIBUTION OF TH	19b CONDITION FOR WHICH 21b. TIME OF INJURY HOUR A.M. MONTH D. P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, 6) OI) attended the deceosed from (A) View the body ofter deoth.	OPERATION WAS PERFORMED 21c. HOW INJURY OCCUR 19 21l. LOCATION SIREE1 22 19 27 19 28 29 19 20 19 21	200 AUTOPSY? 206, IF YE. IN CERTIN YES NO VERTON NO VERT	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES NO PART 1 OR PART 2) COUNTY STATE 19 (we)



	C am to o	1.	FOR STATE REGISTRAR			DEPARTA	AENT OF H	OF MARYL EALTH AND ICATE OF I	MENTAL HYG	IENE 8	REG. NO.	1 7	7 dely	1 8
0 9 4	poge 3			FIRST Ance	S 4 RACE	MIDDLE	HALL.	GAN BIRTH		20 DATE OF	DEATH M	ONTH DA	187 UNDER I YEAR	2b. HOUR M
	rector.		N		CAU	C.	MONTH 4	26	VEAR 05	82		YRS ME	DAYS DAYS	HOURS MIN.
	1 25		RTHPLACE (STATE OR F		7b. CITIZEN OF	WHAT COUNTRY?	MARRIEI WIDOWE	NEVER	MARRIED		recity or		F DEATH	MD
0.1	90	10 C	Be/ Ain	TH	_(IF NOT IN SU	HOSPITAL, NURSIN CHEACILITY, GIVE STREET V. & CONV	IG HOME C	R OTHER INS		12a. USUAL (OCCUPATION FOR MOST OF V	VORKING LIFE)	INDUSTRY	of Business or atelli, Coi
AND 212	100	Mai	AL RESIDENCE (IF NURS STATE Cyland	136 COUN Harf	ITY	13c. CITY OR TOW Joppa		130. INSIDE (Хои		ADDRESS / 2 Plaza	IP CODE Ci r cl	.e, 21	085
MARYL		F	rancis		MIDDLE	Halliga			S MAIDEN NA	ME	MIDDLE		Blake	
IIMORE,	on and co		VAS DECEASED EVER YES NO OR UNKNOWN) NO		MED FORCES? E WAR OR DATES)	217-07-		Mrs.	Mary Ca	annizza	ADDRESS 10, Ba			Wick Ct. 21204
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120	quires that the death certified is signed by the attending physical places remove corbonical to buriol, cremotion, or remove niury, or other traumatic events	7	Conditions, if ony, gove rise to imm couse (o), stotin underlying couse	AS CAUSE IMMEDIAT which nediote g the lost.	D BY: E CAUSE (o) DUE TO, C (b) DUE TO, C	OR AS A CONSEQUE	wy.	lend NOT RELATED	i Can	LINAL DISEAS	OR CONDI	HOL OF	· ·	
AL RECORD	N: The low requirection. ysicion. roost permit. The Hygiene prior to 18 shows ony injury.	CERTIFICATION	19a. DATE OF OPERAT			DITION FOR WHICH	OPERATIO			200 AUTO	но 🗌	IN CERTIFYI YES		NGS USED S OF DEATH?
VISION OF VIT	hyskcia nding pl nis certif buriol-t I Mentol or frem	MEDICAL CE	210. ACCIDENT WAS UNE OR CONTRIBUTING CO (IF EITHER NOTIFY MEDIX 210. INJURY OCCURE WHILE DOT WHAT WORK NOT WHAT WORK	AUSE OF DEA	2 le PLACE		19	21f. LOCATI		RED (ENTER NA	CITY OR TOWN		COUNTY	STATE
ia a	NR ATTENDING P hospital or otter IRECTOR: After the hed for use as the lept. of Health and Item 21 is marked		22a. I certify that (I) saw the decease above, (I	(this hospi	MI	E / V 19 1	/	nd that in (my	, 19 (our) opinion	deoth occurre	d on the dote	ond hour	and from the	A
	O HOSPITAL OF PROPERTY OF PROPERTY OF THE PROP	1	250 CEN	MO	OFE	124	NO	22e ADDRE	ATTENDING PHYSICIAN SS	MEDICAL DIRECTOR	STAFF PHYSICIA T. /	Sol 1	16/1 Ark 1	1/8) M/2/01X
	5 € 5 € 3 ₹	22-	COSTALATION	DE O	Ton harry	1/2	TAME OF C	FINETERY OR	CDELLARORY	Tasa Local	TION			

DHMH - 16 50M 4/83 (VRA 15, 4) Burial 6-15-1987 Loudon Park

24 FUNERAL DIRECTOR
E.F. Lassahn, 11750BelairRd.Kingsville, Md.21087

Baltimore

REC'D. BY REGISTRAR 25M

MC.

TO HOSPITAL OR ATTENDING PHYSICIAN: The

BP.

mpletely filled in by the funeral director page 3 oad 2 should be filed within 72 hours offer death

within 24 hours ofter death Page 4

STATE OF MA	\n 1
DEPARTMENT OF HEALTH	8 1 7 1 D - CIPTOR

RYLAND ND MENTAL HYGIENE

8	1	1	1	4	1	4
	REG. N	10	- 75			
ATE C	F DEATH	HINOM	DAY	YEAR	2b. HC	OUR

1 14	REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	0		•
	OR PRINTI	FIRST	M	IDDLE	11	AST	20 DATE OF DEATH	MONTH DAY	YEAR	26. HOUR
	2	UNIE		\$	H	ANNA	J.	ine 23	1987	8: 30 M
3 SE	X	4 RACE			5. DATE C		6 AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
-	Female		Whit		May	29 1909	78 yrs.	YRS.		
	RTHPLACE (STATE OR FOR	REIGN 76 CITIZ	EN OF V	VHAT COUNTRY?	MARRIE	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY O	FDEATH	
	Maryland		U.S.		WIDOWE	DXX DIVORCED	Ha	RFORS		MD.
10. C	TY OR TOWN OF DEATH	(IF,NO	ME OF H	OSPITAL, NURSIN	G HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPATI	F WORKING LIFE)	126 KIND O	OF BUSINESS OR
HA					morio	al Hospital	Housewif	е		
13a. S		B COUNTY		13c. CITY OR TOW!	N	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS			
	aryland	Cecil		Conowing	go	YES X NO	735 Ragan	Road		21918
14. F/	ATHER'S NAME FIRST	MIDDLE		LAST		15. MOTHER'S MAIDEN NAM	WE		LAS	
1	Hugh	S.		Shoff		Lucinda	Α.		Heffne	er
		U.S. ARMED FOR		16b SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRI			M
	NO			Unknown		Mary Ann Dabr	avalskas	Conowi		Maryland
	18 CAUSE OF DEATH	Enter only one co	use per l	line tay ay bo ore	391	10000	-		BETWEEN	MATE INTERVAL ONSET AND DEATH
		AMEDIATE CAUSE	(0)	Carlot	M	1 / Clerc	4/			
	-13	DUE	TO, OR	AS A CONSEQUE	FED OF	10				
	Canditions, if any, a		(b)	30	1. 0					
5,24	couse to, stating underlying cause		TO, OR	AS A CONTREQUE	NGE OF	2000				
191			(c)		VVIV	rarros				
z	PART 2 OTHER SIGNI	FICANT CONDITION	DNS CO	NTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART In	a
CERTIFICATION	19a DATE OF OPERATION	1 90 F	CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. 4F YES, V	VERE FINDIN	NGSTISED
FIC	THE DATE OF CHERAIN	1.70	011011		0. 20	TO TEM OWNED		IN CERTIFYI	NG CAUSES	OF DEATH?
ERTI	71a ACCIDENT WAS UNDER	RYING 71h	TIME OF	INJURY		21c. HOW INJURY OCCURE	YES NO	YES PY IN ITEM 18 PART		NO []
	OR CONTRIBUTING . CA	USE OF DEATH HO	OUR A.A	A. MONTH DA	YEAR		(EMIL MAIONE OF FINA			
MEDICAL	(IF EITHER NOTIFY MEDICA		P.A	A. DE INJURY	19	211 LOCATION				
ME	WHILE NOT WHILE	(ATH		EET FACTORY, OFFICE, F	ARM ETC)	STREET	7	Courted .	COUNTY	STATE
	220.1 certify that (I) (t	his hospital) atter	hed the	deceased from			10 6/2	T 10	17	that (I) (we) lost
12	sow the deceased	olive on	123	19	17.01	nd that in (my) (our) apinion (death accurred an the d	ate and havi a	/	
	obave, (1) (we) (dia 27). SIGNATURE	d) (did not) view th	e body	otter death.		DEGREE			22C/DATE	SIGNED
1	Denter	mm	eh	mn		ATTENDING PHYSICIAN	MEDICAL STA		16/2	4/1
1	22d PHYSICIAN'S NAA	AE (TYPE OR PRINT)	7.00	4.1.11		22e, ADDRESS	2 DILLEGON D PHILOR	4	1	11.
17	NA TIE	$(\Lambda \wedge \Lambda)$	110	1111		1 ton Ro L	. Linn	. 11	11 1	11171

should be detached for use as the burial-transit permit. Then pleas with the State Dept-of Health and Mental Hygiene prior to burial, MPORTANT: If Item 21 is morked or Item 18 shows ony TO FUNERAL DIRECTOR MANIC

231 NAME OF CEMETERY OR CREMATORY

23a BURIAL, CREMATION, REMOVAL Burial June 26,1987

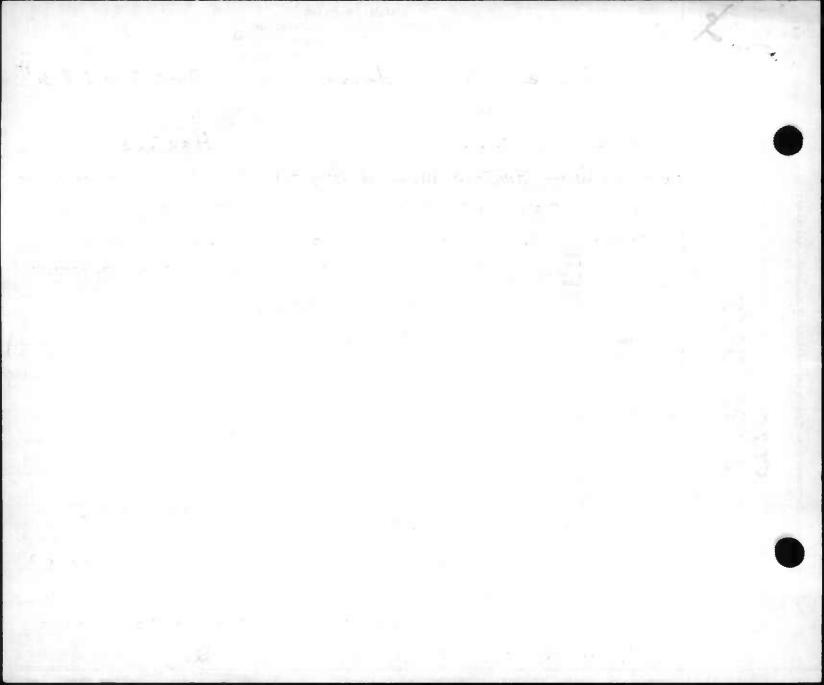
Harmony Chapel

23d LOCATION
CITY OR TOWN
CONOWINGO

Cecil Maryladn

DHMH - 16 60M 7/84 (VRA 15, 4)

A. Patterson Son, Perryville, Maryland 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE
JUL 0 2 1987, July Dandon-A

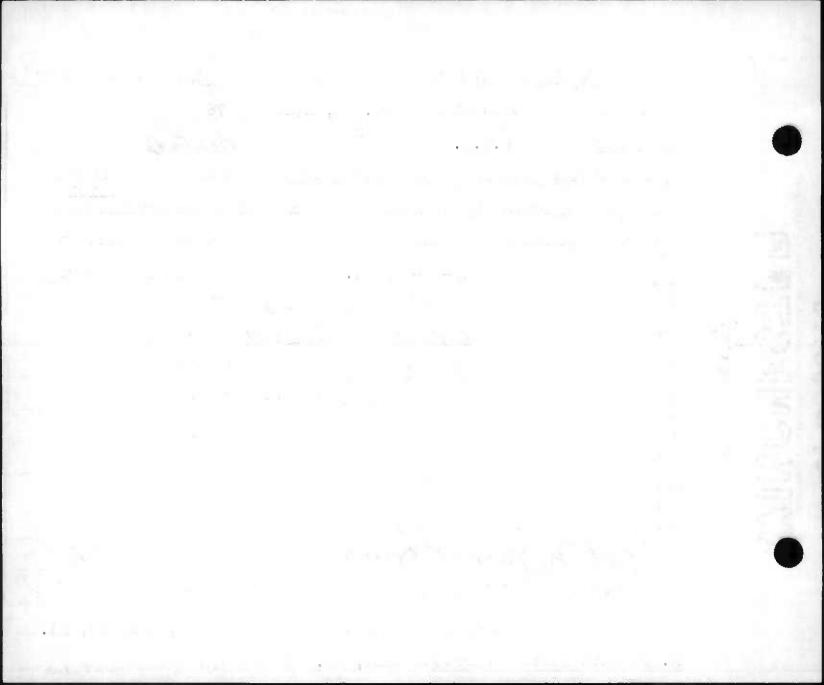


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EMI	OF	HE	ALT	H	AND	MENTAL	H.

DEPARTMENT OF HEALTH AND MENIAL CERTIFICATE OF DEATH

4 8

058085 JUL	U 18	OR STATE REGISTRAR		DEPARTM		ALTH AND MENT		7 REG. NO	1 7	4 8	U
noy be	(TYPE OF	ASED NAME FIRST		ite	H	ZNNA		Jus	MONTH DAY	1987	7:17 M
ge 4 mc ector p rs ofter	3. SEX	emale	Caucasi	an	S DATE OF			E (IN YEARS LAST BIRT			OURS MIN.
deoth. Pog	7a BIRT	HPLACE (STATE OR FOREIGN DINTRY)	76 CITIZEN OF WHAT		8 MARRIED WIDOWED	NEVER MARRI	ED 7 BA	LTIMORE CITY O		FDEATH	MD.
offer the f	10. CITY	OR TOWN OF DEATH	11. NAME OF HOSPIT	AL, NURSING	G HOME OR	L	ON 12a L	ISUAL OCCUPATION OF WORK FOR MOST OF Clerk	ON	126 KIND OF 8 INDUSTRY Reta	USINESSOR
MARYLAND 21201 ed within 24 hours of a short by oad 2 shortd be file	USUAL 130. STA	RESIDENCE (IF NURSING HOME O	ROTHER INSTITUTION, GIVE RES	TY OR TOWN	V [1	3d. INSIDE CITY LIV		REET ADDRESS	ZIP CODE TISVI	21161	
E, MARYLA completely fi 1 oad 2 sho	14. FATE	HER'S NAME FIRST	WIDOLE	Thite		S. MOTHER'S MAIL	DENNAME	lizabet		Deckina	
BALTIMORE, MA ote be executed sicion and comp pers. Pages 1 ag	16a WA	S DECEASED EVER IN U.S. A	RMED FORCES? 166 SC	-22-		7. INFORMANT C. Rola		ADDRE			
1 4 5525		B CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	nly one cause per line for	7	RDU	tc A	PKE	ST		APPROXIMA BETWEEN ONS	TE INTERVAL ET AND DEATH
W. PRESTON	-	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A	PONSEQUE PONSEQUE	NCE OF R	y Fr 10 CC	SUFF	FOSIS	cy		
ORDS, 201 requires the		ART OTHER SIGNIFICANT	alic	Car	CINO	MA- WAS PERFORMED	09	PAUL PAUL AUTOPSY?	CRE	PART TO	S LISED
VITAL RECO VITAL RECO IN The low r Invoicion. Incote hos bee riconsit permit. Hygiene prio 18 shows ony	STIFIC						YE	S NO	IN CERTIFYII	NG CAUSES OF	DEATH?
SICIA ng p certif riol-ii	4	Iq. ACCIDENT WAS UNDERLYING [DR CONTRIBUTING [] CAUSE OF DI (IF EITHER NOTIFY MEDICAL EXAMIN	HOUR A.M. M	ONTH DA	Y YEAR	21c HOW INJURY	OCCORRED (INTER NATURE OF INJUI	RY IN ITEM TB PART	TORPART 2)	
DIVISION DING PHYSI or ottending ete os the burn oith and Mee	_	Id INJURY OCCURRED WHILE NOT WHILE T WORK	21e PLACE OF INJ			211 LOCATION STREET		CITY OR TO	wn A	COUNTY	STATE
TTENDI pirol or TOR: A for use of Heal	2	2a.1 certify that (I) (this hasp saw the deceased alive a above, (I) (we) (did) (did n	n (2//	19_0	7 , and	that in (my) (our)	opinion death	occurred on the do	ote and hour a		et (I) (we) lost uses stoted
		Santi h	mins	hi	m	GREE ATTEN	DING ME	DICAL STAI		6/9/	F7
O HOSPITAL round by the TO FUNERAL should be deta		AND TE	MONA	KIL		170VK	e ol	Grace	c, Me	1 21	1078
BP	23a 8U (SP	RIAL, CREMATION, REMOVA Burial	6/21/198		ethel	METERY OR CREM. Cemete		CITY OF TOWN		ford.	Md.
DHMH - 16 60M 7/84 (VRA 15, 4)	24 FUN	ieral director Gladden Kun	rtz Jarı	ADDRESS etts	ville			D. 8Y REGISTRAR 6 1007		R'S SIGNATUR	E



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certifican be executed within 4 linguis bytes death longer 4 may be retained by the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complimity that in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corbonappers. Pages 1 may 2 hours after death with the State Dept. of Health and Ammal Hygiene prior to burial, cremation, or removal.
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056305 JUN	1	FOR STATE			DEPARTA	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG	SIENE 7	17 4	8 1
		REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	0.	
. m.e		CEASED NAME OR PRINT)	FIRST		MIDDLE	/	AST	2a. DATE OF DEATH	MONTH DAY YEAR	2b. HOUR
oge deat			EMMORI		(nmn)	17	ANSON	6	06 08 87	5:35pm
or. p	3. SE		ľ	I. RACE		5. DATE C	DAY YEAR	6 AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1 YEA	
age age	1	Male		White		Jan.	6, 1893	94	YRS.	
merol d		RTHPLACE (STATE ORFO		U	WHAT COUNTRY?	WIDOW		Harfor	R COUNTY OF DEATH	MD.
	10 C	Bel Air	TH I	Belair	HOSPITAL, NURSIN CHEACILITY, GIVE STREET / CONVALESC	ADDRESS)	enter institution	120 USUAL OCCUPATION OF STATES	F WORKING LIFE) INDUSTR	of BUSINESS OR Culture
ARYLAND 2120 Perhin 4 hours plently an the day of the filters and 2 specific the filters and 3 specific the fi	13a. S	AL RESIDENCE (IF NURSI STATE TYland	136 COUNT	ſΥ	GIVE RESIDENCE BEFORE 13c. CITY OR TOWN Edgewoo	N	13d INSIDE CITY LIMITS?	130.STREET ADDRESS		1040
AL TOTAL	-	THER'S NAME					15. MOTHER'S MAIDEN NA	ME		
MAR de la Marie	V	Herman	Wilhe	iodie 21m	Hanson		Emelie	WIDDIE	Emmor	đ
H 0 0 17	Tián V	VAS DECEASED EVER I	IN U.S. ARM	AED FORCES?	16b. SOCIAL SECU	RITY NO.	17 INFORMANT	ADDR	Md. 21040	
IOWI	(YES, NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)	220-22-0	026	E. Edwin Han	son, 1416 I	rimble Road	, Edgewood
PRESTON ST., BAL ne deoth certificate to attending physici smave corbon paper motion, or removal r troumotic event,		Conditions, if ony,	which nediate	DUE TO, O	or as a conseque	NCE OF	I Myrca	Aust udial 3	furt	Jant Land
201 W. Fees that the please red by the please redurial, creation, or other		cause (0), stating underlying cause PART 2. OTHER SIGN	lost.	((c)_	ONTRIBUTING TO	DEATH BUT	Pulman NOT RELATED TO THE TERM	ey teler	ELTION GIVEN IN PART	lio & A
RECORDS, low requir ss been sign ermit. Then re prior to b	CERTIFICATION	ASUD	mR	Cont	the Hea	J-1	was terformed	20a AUTOPSY	20b. IF YES, WERE FIND IN CERTIFYING CAUSE	
A how	RTIF			-	1		1	YES NO	YES 🗌	NO 🗌
OF VITA SICIAN: T ug physici ug-entificate rial-transi		210. ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER, NOTIFY MEDIC	AUSE OF DEAT	P	M. MONTH DA	re io	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I OR PART ?	
DIVISION OF VIT NG PHYSICIAN: Outending physic firer this certificate as the burial-trons th and Mental Hyg orked ar Item 18 st	MEDICAL	21d. INJURY OCCURR WHILE NOT WHI AT WORK AT WOR	ILE	71s PLACE TAL HOME ST	MET TON OTICE	AM, ETC.)	ZII LOCATION	CITY OR TO	WN COUNTY	STATE
TENDIN TENDIN TOR: Af ar use a of Health		22a.1 certify that (1)	d olive on_	68	198	7	19 19 19 nd that in (my) (our) opinion	death accurred on the de		, that (1) Weylast
AL OR AT the hosp at DIREC: etoched f tre Dept. c		22b. SIGNATUR	ml(View the body	after deoth.		DEGREE ATTENDING PHYSICIAN	MEDICAL STA	FF _ A	ESIGNED 1917
TO HOSPITA retoined by TO FUNERA should be de with the Stot		224 PHYSICIAN'S NA	ME (TYPE O	PRINT)	1A PM	FL	220 ADDRESS PO	Brx Son	len Me	2001
δ p c z y ₹ 1	23a	BURIAL, CREMATION, I	REMOVAL	23b. DATE	23¢ N	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	COUNTY	STATE
BP		Burial		June 1	2,1987 Tr	inity	Lutheran Cem	etery. Jopo		_Md.
DHMH - 16 50M 4/83 (VRA 15, 4)		oward K. M	cComas	s III,	Abingdon,	Md. 2		1 0 198	256 REGISTRAR'S SION	TURECO

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STATE OF MARYLAND

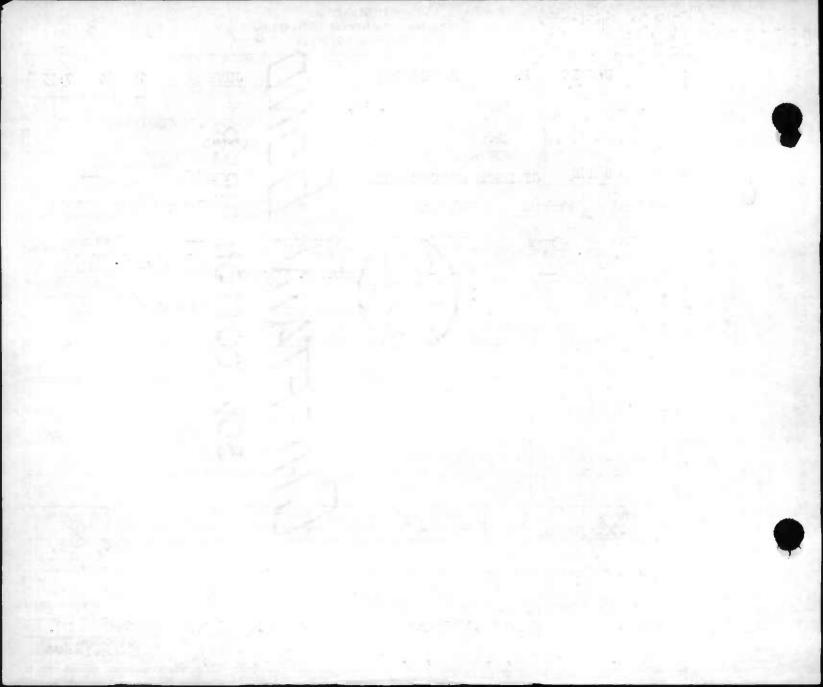
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	FOR SEATE SEGISTRAR	DEPART	CERTIFICATE OF DEA	100	17482	
1	I. DECEASED NAME HIST ITSPECIA PRINCIP BESSIE	Lee HARRI	NGT ON	JUNE	18 87 7:	- A
	Female	White	Aug. 14, 189	4. AGE (H-YEARSTAN) BRI	HDAT) F UNDER 1 YEAR PURES HDATES BATE HOURS YRS.	24 mms.
5	7a BIRTHPLACE (STATEOFFOR OF VIrginia	AL CITIZEN OF WHAT COUNTRY USa	MARRIED LI NEVER MAR	HARFORD	R COUNTY OF DEATH	MD
1	HAVRE DE GRACE	CITIZENS NURSIN	G HOME	TION 179 USDALOCCUPATE THE OF WORK FOR MOST OF Housewife	WORKING HELL INDUSTRY	ESS OR
5	Maryland Harf	INTY I I I CITY OR TOV	YES NO NO	x 300 Sunflox	wer Drive 2101	4
)	3000	een Pilkir	CONTRACTOR OF THE PERSON NAMED IN COLUMN 2	oline —	Johnson	
8	184 WAS DECEASED EVER IN U.S. A	#MED FORCES? 166 SOCIAL SEC 101 WAR ON DATES: 215-24-4		Bel C. Morrison, 300	Air, Md. 21014 Sunflower Drive	
2	Conditions, if any, which gove rise to immediate course in stating the underlying course less. PART OTHER SHENIFICANT 19a DATE OF OPERATION 71s. ACCIDENT WAS UNDERLYING	DUE TO, OR STATEMENT OF THE CONDITION FOR WHICH	DEATH BY NOT BRATED TO LIMITATION WAS PERFORM		201 IF YES, WERE FINDINGS USE IN CERTIFYING CAUSES OF DEA	
10	OR CONTRIBUTING CAUSE OF DI OF ETHER INCIDENT MEDICAL EXAMINA 214 IN JURY OCCURRED AT HOOR	P.M. PLACE OF INJURY [AT HOME LIMIT FACTORY OFFICE DISTORT) The PLACE OF INJURY [AT HOME LIMIT FACTORY OFFICE DISTORT)	TARM ITC THE LOCATION	N OCCURRED TO NO.	WN COUNTY	SIATE (we) host.
+	THE BURIAL CREMATION, REMOVA	WAM. 0. 31	DEGREE	NDING MEDICAL STAL SICIAN DIRECTOR PHYSIC	1h ATESIGNED	S d
	Burial	June 20,1987 O		# 25% 254 T000004	Harford Mo	1.

DHMH - 16 60M 7/84 (VRA 15, 4)

Howard K. McComas III, Abingdon, Md. 21009

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STATE OF MARYLAND

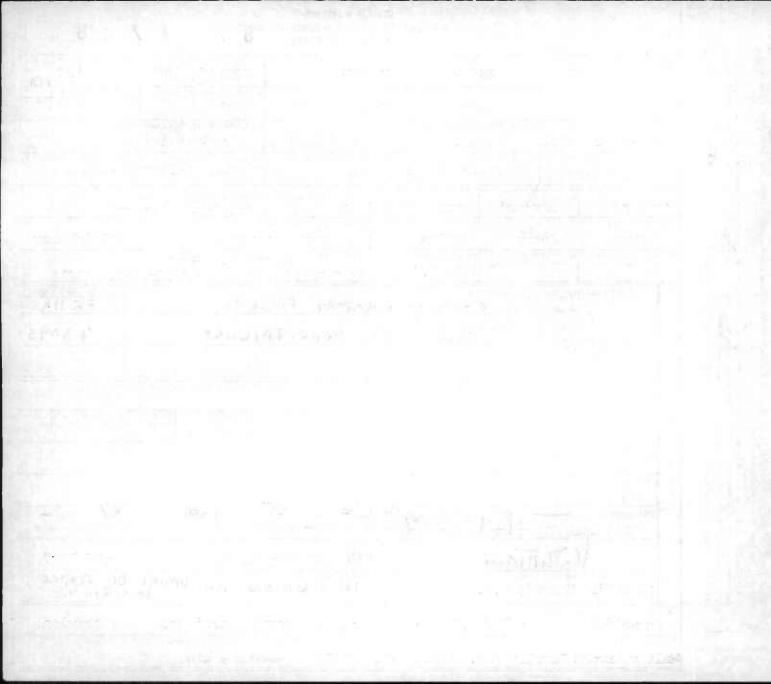
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1 -	STATE REGISTRAR			DEFA	CERTIF	ICATE OF DEAT	H	REG. N	0.	day 1	8 0
	CEASED NAME FIRST MIDDLE CORPRINT) HELEN ELOISE		HAU	HAUVER				DAY YEAR	5 isam		
3. SE	Female White			5. Date of Birth "Jan. 3", 1905"		AGE (IN YEARS LAST BIR		IF UNDER I YEAR			
Chambersburg, Pa.				S.A. WIDOWED DIVORCED		ED 🗀	Lartard Country				
Hav	vre de Grad	ce	Bre	EVIN NUI	eet aporess)	R OTHER INSTITUTE		170 USUAL OCCUPATION OF WORK FOR MOST CHOUSEWIF	F WORKING LIF	12b. KIND C INDUSTRY Home	maker
13a. S Mai	AL RESIDENCE (IF NURS STATE ryland	13b COUN		113c CITY OR TO				St. John'			018
(THER'S NAME FIRST George	Pet		Nicklas		15. MOTHER'S MAIL Mary	Aug	usta		Holli	nberger
16a. V	VAS DECEASED EVER YES, NO OR UNKNOWN) NO		MED FORCES?	OR DATES) OT O TO OAFO				ge E. HÂÛV Place, Bel		Md. 2	21014
TION	IMMEDIATE CAUSE (a) CARDIO RESPIRATORY FALLURE							BETWEEN 3	ONSET AND DEATH		
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. DUE TO, OR AS A CONSEQUÊNCE OF (b) CGWUTE STWE, HEART FAILURE DUE TO, OR AS A CONSEQUENCE OF							+2045.			
	PART 2. OTHER SIGNIFICANT CONDITIONS <u>CONTRIBUTING TO DEATH</u> BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110°										
CERTIFICATION	198 DATE OF OPERAT		196. CONDITION FOR WHICH OPERATION					200 AUTOPSY?	IN CERTIFYING CAUSES OF DE		
EDICAL CER	210. ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC	AUSE OF DEA	Р.	M. MONTH M.	DAY YEAR		OCCURRE	D (ENTER NATURE OF INJU	RY IN ITEM 18 P.	ART 1 OR PART 2)	
MED	21d. INJURY OCCURE WHILE NOT WH AT WORK NOT NOT WH	NOT WHILE AT WORK [AT HOME STREET, FACTORY, OFFICE, FARM, ETC.]			211 LOCATION STREET	CITY OR TO	CITY OR TOWN COUNTY STATE				
	27a. I certify that (I) (this hospital) attended the deceased from: 19 , 19 , to , 19 , to , 19 , that (I) (we) lost saw the deceased alive on , 19 , and that in (my) (awr) opinion death accurred on the date and hour and from the causes stated obove, (I) (we) (did) (did not) view the body after death.										
1	276 SIGNATURE DEGREE MD. ATTENDING MEDICAL STAFF 6/21/1										
1	Kamrubin Mithani, M.D. 220. ADDRESS 131 S. UNION AVE HAURE						DE (TRACK 78			
-	SURIAL, CREMATION, Cremation	REMOVAL	23b. DATE 6/22/			ount Crem	atory				ryland
	INERAL DIRECTOR Lter Brooks	s Brad	dley Ind	c. Balto	5., Md.	21222	25a. DATE	REC'D. BY REGISTRAR N 2 4 1987	25b. REGIST	RAR'S SIGNAT	

DHMH - 16 60M 7/84 (VRA 15, 4)

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, ar other traumatic event,

TO FUNERAL DIRECTOR, After this certificate has been signed by the should be detoched for use as the buriol-tronsit permit. Then please rewith the State Dept. of Health and Mental Hygiene prior to burial, crem



led in by the funeral director, page 3

amy injury, or other tro

FOR STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENES

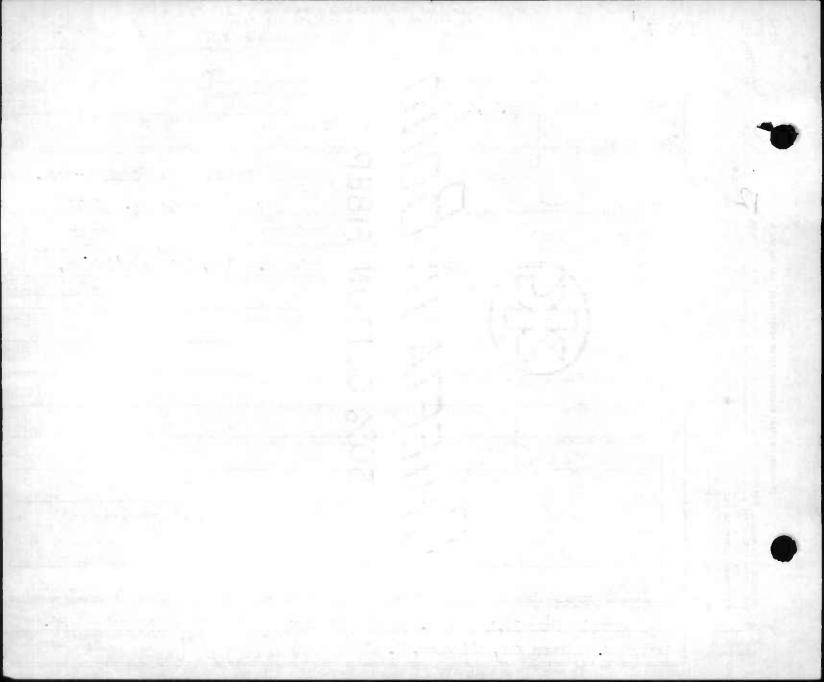
REGISTRAR		CERTIFICATE	OFDEATH	REG. NO	D.		4
1. DECEASED NAME FIRST	MIDDLE	LAST		20. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
Harr	y Parker	Hes	SS	05	31	87	11:30 HI
3. SEX	4 RACE	5. DATE OF BIRTH		6 AGE (IN YEARS LAST BIR	THDAY) IF UN	NDER I YEAR	IF UNDER 24 HRS
Male	Caucasian	June 1	, 1908	78	YRS.	NS DATS	HOURS MIN.
70 BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8.	EVER MARRIED 🛣	9 BALTIMORE CITY O		DEATH	
Maryland	U.S.A.	WIDOWED	DIVORCED	Hari	ford		MD.
Bel Air	11. NAME OF HOSPITAL, NURSING STREET BEL Air Cons			170 USUAL OCCUPATI ITYPE OF WORK FOR MOST OF FARMER		NDUSTRY	BUSINESS OR
J3d. STATE 13b COL	or other institution give residence before JNTY rford Fallst	VN (13d. IN:	SIDE CITY LIMITS?	13e STREET ADDRESS / 2309 Fra	zip code anklin	210 Chan	047 ace Ct.
Harry Fr	ederick Hes		THER'S MAIDEN NAM	Alice	Mid	dend	lorf
160 WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SECU	URITY NO. 17 INF	ORMANT	ADDRE	SS		
NO IF 123. O	216-40-	-2212 G.	Herbert	Hess	same a	as ab	ove
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NO 190. DATE OF OPERATION	196. CONDITION FOR WHICH			200 AUTOPSY? YES NO.	20b. IF YES, WE IN CERTIFYING	RE FINDING	GS USED OF DEATH?
OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMIN 27d. I certify that (I) (this has, sow the decessed alive of	P.M. 71e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, Dital) ottended the deceosed from (AT HOME STREET) (AT HOME STREET) (AT HOME STREET) (AT HOME	FARM, ETC) PERM, ETC) PERM, ETC) DEGREE MY	DCATION STREET, 19	CITY OR TO CITY OR TO CITY OR TO A TO MEDICAL STATE MEDICAL PHYSIC MANN STATE MANN STATE CONTROL OF THE MEDICAL STATE MANN STATE	wn , 19, 19	COUNTY	
23a BURIAL, CREMATION, REMOVA BURIAL 24 FUNERAL DIRECTOR NAME	10/2/2007	NAME OF CEMETER GOODWILL	Cemeter	23d LOCATION CITY OR TOWN Y Fallsto REC'D. BY REGISTRAR	1.0 2	/	STATE Md.
M. Gladden Ku:	rtz Jarretts	sville,	Md.	051987	Julia Da	ridery . A	عماميد

DHMH - 16 60M 7/84 (VRA 15, 4)

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to FUNERAL DIRECTOR, A should be detached for use with the Stote Dept. of Heal MAPORTANT. If here 21 is m

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poge 3		OR PRINT)	DORIS		lizabeth		ENKINS		e. DATE OF DEATH	MONTH 6	16 87	26. HOUR A
urs ofter o	3. SE	FEM	BLE		nite	5. DATE (YEAR 17	AGE (IN YEARS LAST)	YRS.	IF UNDER I YEAR	IF UNDER 24 HRS
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XX	#	Allana		FRISTO	CH FACILITY, GIVE STREET	ADDRESS)	OR OTHER INSTITUT		20 USUAL OCCUPA (TYPE OF WORK FOR MOS' Homemak	OF WORKING		OF BUSINESS OR
all of the state o	13a. S	Md.	13b. COUN		13c. CITY OR TOV Belair		13d. INSIDE CITY LI YES NO	□x	30.STREET ADDRESS			21014 Freen Rd.
到夏) 1	Valter R	. Gilber		LAST	IDITY NO	FIRST	sa Bl	anche	Kirkpa	atrick	ST
hers. Poges]		res, no or unknown	(IF YES, GIVE	E WAR OR DATES)	213-3	168-05	Mrs. Bl	anche			Thornew	ood Dr.
removol		PART I. DEAT	TH WAS CAUSED	by one couse per BY. E CAUSE (o)	denocf		ary wir	. ASC	itis.		BETWEEN	IMATE INTERVAL ONSET AND DEATH
lease remove cark ial, cremation, ar or other traumation	N. A.	Conditions, if gove rise to couse (a), sunderlying c	immediate stating the	(b)_	or as a consequ	(L	Bpleura Hestinal	11 E	ffunion struction		3 r	months.
or to burning, o	NOI	PART 2. OTHER	SIGNIFICANT C	ONDITIONS <u>C</u>	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO T	THE TERMIN	AL DISEASE OR CO	NDITION G	IVEN IN PART 1	0.
giene pric	CERTIFICATION	19a DATE OF OP				OPERATIO	N WAS PERFORMED		YES NO	IN CERT	ES, WERE FINDII TIFYING CAUSES YES [
them 18 s		(IF EITHER NOTIFY	CAUSE OF DEA	TH HOUR A.	.M. MONTH D .M.	AY YEAR		OCCURRE!	D (FNTER NATURE OF IN	JURY I№ ITFM 18	3 PART I OR PART 2)	
th ond M	MEDICAL	21d INJURY OCH	CURRED OT WHILE		OF INJURY REET, FACTORY, OFFICE	FARM, ETC }	211 LOCATION STREET		CITY OR	rown	COUNTY	STATE
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ote Dept.		226. SIGNATURE	BUI	1				IDING X	MEDICAL ST DIRECTOR PHYS	AFF ICIAN 🗌	6-1	6-87 -
MPORTANT:		B.D.	PAREKI).		1908 HA	HRFOR	D RD, PA	MLSTO	on mo	21047
> ≤ '		URIAL, CREMATI SPECIFY) Cremati		Z3b. DATE			EMETERY OR CREM		23d LOCATION CITY OR TOWN Catonsv	illa	Balto.	Maryland
M 7/84	24 FU	NERAL DIRECTO	PR		ADDRESS Baltimore				RECID. BY REGISTRA	DISTE DECT		

STATE OF MARYLAND

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	1 -	FOR STATE REGISTRAR	DEPARTA	CERTIFICATE O	ND MENTAL HYGIEN OF DEATH	8 7	D.	7 9	8 8
poge 3		CEASED NAME FIRST Edythe	Dorothy =	JOHNSON	20	a. DATE OF DEATH	6 - 2	YEAR -87	B P M
ector. po	3 SEX	FEMALE	1. RACE	5. DATE OF BIRTH	AY YEAR	AGE (IN YEARS LAST BIRT	YRS.		IF UNDER 24 HRS
Jeonn. ro		RTHPLACE (STATE OR FOREIGN COUNTRY) BALLY MOVE	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED S NEV	DIVORCED	HARFOR	_		MD.
by the fulled with	F	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN IN NOT IN SUCH FACILITY, GIVE STREET, FALLS TON	N. HOSPI	17	a. USUAL OCCUPATION OF THE OF WORK FOR MOST OF WORK FOR WORK	F WORKING LIFE	126. KIND OF INDUSTRY	BUSINESS OR
in 24 hou filled in hould be	13a S	aryland Har	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY 136. CITY OR TOW	13d. INSI	NO 🖹	STREET ADDRESS	ZIP CODE	rt 2	1050
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pled by the please of the plea		cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUE (c) A CA CE CONDITIONS CONTRIBUTING TO D	Kenal	Failue	AL DISEASE OR CONI	OLITICAL CIVEN	3	hrs.
seen light uit. Then riger to riger to	ATION	Artorena (Bypess with	R Nephre	itory	20g AUTOPSY?	20b. IF YES, W		SUSED
scon. scon. ole has a rout period	CERTIFICATION	6- 2-87	99% ORend.	Artery Sten	os.s > CRF,HTN W INJURY OCCURRED	YES NO NO	IN CERTIFYIN	G CAUSES O	
ding phy sumplic busicities Mental H	MEDICAL C	OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE 214. INJURY OCCURRED		19 211, LOC					
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by the by the Stoke De detach Stoke De ANT. If It	19	22d. PHYSICIAN'S NAME SYPE	OR PRINT)	A IZE ADD	PHYSICIAN D	MEDICAL STAP	F IAN []	6-	2-85
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BP	7	SMECHY)	JUNE 4, 1987 B	El An MEme	mal Gardons	BEL HIT HAT	OFF DECISEDAD	UC CICALATIU	NC 14
DHMH - 16 60M 7/84 (VRA 15, 4)	2	meral Director To To	STET SOW, Brandon Bel Art, MAY		1	0 4 1987	Julia D	condern k	andrea

STATE OF MARYLAND

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	FOR 1 - STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 7	7489
056453 JUN	1. DECEASED NAME 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ALICE	JONES	20. DATE OF DEATH MONTH	10 87 26. HOUR 10 87 1:10PM
ao)	3. SEX Female	4 RACE White	5. DATE OF BIRTH MONTH Jan. 4, 1896	6. AGE (IN YEARS LAST BIRTHDAY) 91 YR	IF UNDER 1 YEAR IF UNDER 24 HRS
Menth. Pa	70 BIRTHPLACE (STATE OR FOREIGN COUNTRY) North Carolina	76 CITIZEN OF WHAT COUNTRY? USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUNTY HARFORD CO	
90	10 CITY OR TOWN OF DEATH HAVRE DE GRACE	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET, CITIZENS NUR		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN Housewife	12b. KIND OF BUSINESS OR INDUSTRY
11 15 S	USUAL RESIDENCE (IF NURSING HOME O 136. STATE 138. COU Maryland Harfo	NTY 13c. CITY OR TOW	ADMISSION) N 13d. INSIDE CITY LIMITS? YES NO 🛣	13e STREET ADDRESS / ZIP CO 7 Fort Hoyle	
MARYLA MINISTER MARYLA	14 FATHER'S NAME FIRST Fields	MIDDLE HAST HASh	15 MOTHER'S MAIDEN NO FIRST Lizzia		Kirk
MORE, p and co Pages.	160 WAS DECEASED EVER IN U.S. AI {YES, NO OR UNKNOWN} (IF YES, GO	RMED FORCES? 16b SOCIAL SECU VE WAR OR DATES) 216-20-25		address ley, 7 Fort Hoy	21085 le Road, Joppa, Md.
T., BALT trificate to physicin mpaper moval.		nly one couse per lipe for (a), (b) ode ED BY: JE CAUSE (o)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
W. PRESTON ST not the death cert by the attending i sse remove carbon cremation, or ref	Conditions, if any, which gave rise to immediate cause (a), storing the underlying cause last.	DUE TO, OR AS A CONSEQUE	D .		V U/
RDS, 201 equires the signed by Then plea. r ta burial, injury, or o	PART 2 OTHER SIGNIFICANT Derug	conditions CONTRIBUTING TO D	DEATH BUT NOT RELATED TO THE TER	VINAL DISEASE OR CONDITION	GIVEN IN PART 11a
DIVISION OF VITAL RECORDS ING PHYSICIAN: The law require of this certificate has been signed the botol-transit permit. The hond Mental Hygiene prior to the ord Mental Hygiene prior to arked or Item 18 shows any pilor arked or Item 18 shows any pilor.	PERU DE LE		OPERATION WAS PERFORMED	200 AUTOPSY 20b. IF IN CER	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO NO
doFVII. SiCIAN: I am physic certificate riol-trans entol Hygitem 18 st	OR CONTRIBUTING TO CALLER OF DE	ATH HOUR A.M. MONTH DA	21c. HOW INJURY OCCUP	RRED (ENTER NATURE OF INJURY IN ITEM	IS PART I OR PART 2)
IVISION UG PHYS attendin ter this c sthe but h ond Me	GREATHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED WHILE NOTIFY ILE AT WORK AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY OFFICE FI	211 LOCATION STREET	CITY OR FOWN	COUNTY STATE
ENDIN bel or use of Health	22a.1 certify that (1) (this hosp	ital) attended the deceased from	2-28- 19 810	10_6-16-	

TO FUNERAL DIRECTOR: should be detached for us with the State Dept. of Her

DHMH - 16 60M 7/B4 (VRA 15, 4)

MPORTANT.

Burial

MEDICAL

ATTENDING

22c. DATE SIGNED

230 BURIAL, CREMATION, REMOVAL

abave, (1) (we) (did) Adid nat) view the bady after dea

23c. NAME OF CEMETERY OR CREMATORY

22e. ADDRESS

DEGREE

BelAir Memorial Gardens, Bel Air

DIRECTOR | PHYSICIAN |

Harford Md.

24 FUNERAL DIRECTOR

22b. SIGNATURE

Howard K. McComas III, Abingdom, Md. 21009

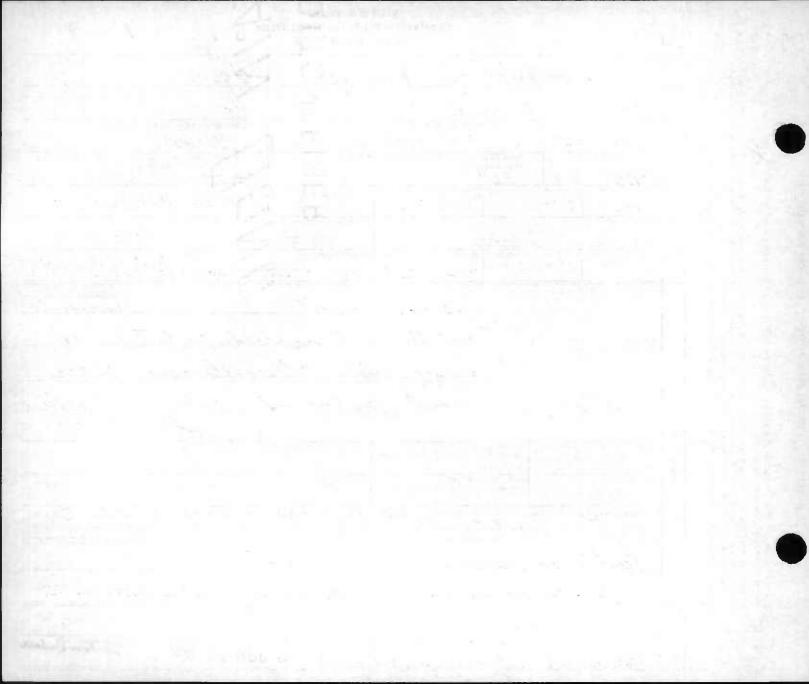
June 12,1987

250. DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE

New T-T A LITTLE FIRST STATES

		•
TO FUNERAL DIRECTOR. After this certificate has been significant.	reconded by the hospital or otherdistries being the ownedgines from ceein certificate be executed. TO FUNERAL DIRECTOR. After this certificate been signed by the ottending physicion and compiletely life in the funeral director.	Francisco de

						OF MARYLAND			
330 JULI		FOR STATE REGISTRAR		DEPART		EALTH AND MENTAL	HYGIENE 8 /	1 7	4 9 0
	1. DE	CEASED NAME FIR	RST	WIDDLE	11 1	AST	20. DATE OF DEATH	MONTH DAY	YEAR 26. HOUR
oy be deoth		AXXX	xx Micha	lina	KUA	Kowski.	06/08/81	7.	134
no)	3. SE	(4 RACE		5. DATE O		6 AGE IN YEAR'S LAST BIR	THDAY) IF UNDE	R T YEAR IF UNDER 24 H
ge 4	1	FEMALE	CAUCA	BION.	09	23. 01	85	YRS	DATS HOURS M
2 42 100	7a. B	RTHPLACE (STATE OR FOREIG	GN 76 CITIZEN OF	WHAT COUNTRY	8 AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA	NEVER MARRIED	9 BALTIMORE CITY C		ATH
		ennsylvania	g f	U.S.A.	WIDOWE		- HARFOR	· Q.	
0 1/1	10. C	TY OR TOWN OF DEATH		HOSPITAL, NURSI		ROTHER INSTITUTION	12a USUAL OCCUPAT		KIND OF BUSINESS
1 10	14	7/15toN.	1 F6.	14			Inspector		asternR.Mi
1 45	13a. S	AL RESIDENCE (IF NURSING H	OME OR OTHER INSTITUTION	13c, CITY OR TOY	E ADMISSION)	13d. INSIDE CITY LIMITS			
2			Salto.	Upper Toy	-alls	YES NO	in 19547 Fran	klinville	e Rd. 211
1 11/12	14. F/	THER'S NAME FIRST	WIDDLE	LAST		15. MOTHER'S MAIDEN	NAME		. AAST .
1 11/12		aximillian	Wudkiewi	CZ		Maryann	а		zkiêwicz
Poges		VAS DECEASED EVER IN U	J.S. ARMED FORCES? YES, GIVE WAR OR DATES]	16b SOCIAL SEC	URITY NO.	17. INFORMANT	ADDRE	11547 F	ranklinvil
9 0 0 E		no		218-18-	9831A	Herman Kol	akowski,Upper	Falls, F	ranklinvil Md. 21156
physicic poper novol		18 CAUSE OF DEATH (E	nter only one couse pe	r line for (o), (b), o	nd (cs.)			В	APPROXIMATE INTERVAL
			CAUSED BY MEDIATE CAUSE (0)	Card	iac	arrest		1	mmediate
h cer ding corbo or re			DUE TO C	DR AS A CONSEOU	IENICE OF				
e deoth ce totendin nove corb lotion, or froumotic		Conditions, if ony, wh		Onabalo	l. A	ento mu	undeal .	Varieties	11
		gove rise to immedia	Ab - d			The state of the s			
that the			ost. DUE TO, C	CONSEQUE	ENCE OF	Tis 11	Hassoller		111111
gned an plect buriol		PART 2. OTHER SIGNIFIC	CANT CONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT KELATED TO THE T	FRMINAL DISEASE OR CON	DITION GIVEN N	PART IIO
마는 모든 모든 마는	No.	Vistain	od me	marki	V. N	lesetime a	I maret	we hear	11:1.
beer mit.	1 E	19a DATE OF OPERATION	196 CONE	TION FOR WHICH	OPERA PION	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE	FINDINGS USED
w sene	CERTIFICATION		/				YES TO NOT	YES	AUSES OF DEATH?
N. Thy hysicio cote f ronsit Hygie	1	210. ACCIDENT WAS UNDERLY	and a second			21c HOW INJURY OCC	URRED (ENTER NATURE OF INSU	1 -	
SICIAN ng ph certifu riol-tr entol I	¥	OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICALE)		M. MONTH D	AY YEAR				
≥ Spis d≠	MEDICAL	21d. INJURY OCCURRED	21e PLACE	OF INJURY		211 LOCATION	CITY OR TO		UNIY STATE
or otten After the os the olth ond	E	WHILE NOT WHILE	AT HOME ST	TREET, FACTORY, OFFICE,	FARM, ETC }	STREET	CITY OR TO	wn CO	UNIY STATE
or or se os		22a.1 certify that 12this	s hospital) attended ti	he deceased from	May	11 10 8	1 10 Dune	7 10 8	7 that Dwall
TTEN portol for us of the		sow the deceased of	live on Tan 9	198	7 , on	d that in m) (our) opin	ion death occurred on the de	ote and hour and fr	om the couses stated
IRECT Hed the best of them 2		obove (T) we) (did) ((and not) view the body	ofter deoth.	`	DEGREE			. DATE SIGNED
0 0 0 00 -		1.17	-10. 1	2	ma		G MEDICAL STAI		C. DATE STOTES
A P P P P P P P P P P P P P P P P P P P		22d. PHYSICIAN'S NAME	(TYPE OR PRINT)	eng	110	PHYSICIAI 22e ADDRESS	DIRECTOR PHYSIC	IAN	
2 m oo 4				am M T			del in Canono 1	mi m Cui+	o No 317
IOSPI ned to the S the S TA		CALL LA	Tecklenber	-6, M.D.		JIU) FIGI	klin Square 1	TT ASDUT!	ET 1/11/1 1 1
TO HOSPITAL etoined by the TO FUNERAL should be det with the Stote									0 110. 7-1
To To Shoot With		URIAL, CREMATION, REM	OVAL 23b. DATE			EMETERY OR CREMATO		re coun	
TO HOSP retoined b TO FUNE should be with the S		urial, cremation, rem specify) Burial	June 1	l1,87 Sa	cred H	emetery or cremato leart of Mai	y Baitim		Md. STATE
		URIAL, CREMATION, REM	June 1		cred H	emetery or cremato deart of Mai		75h REGISTRAD'S	TY Md. STATE



death. Page 4 may be

executed within 24 hours ofter

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

meg	1	 ,9	14
		6-1	7
REG. NO.			

1	- STATE REGISTRAR		CERTITI	CATE OF DEATH	REG. NO	Ο.		
	CEASED NAME Paul	**************************************	1	acey Acey	20 DATE OF DEATH	6 10	Y YEAR	26 HOUR
1. SE		W.	5. DATE OF		6. AGE (IN YEARS LAST BIR	-	UNDER I YEAR	IF UNDER 24 H
2	MALE	WHITE		28 1907 YEAR	79	WO	NIHS DAYS	HOURS M
7a. 81	E. All Appares	b. CITIZEN OF WHAT COUNTRY?	8		9. BALTIMORE CITY O	R COUNTY O	F DEATH	
1	COUNTRY)	/		NEVER MARRIED	Hard	- /	Co	
70 G	MD.	U.S.A. II. NAME OF HOSPITAL, NURSIN	WIDOWED		120 USUAL OCCUPATI	ON	17h. KIND C	F BUSINESS
1	Fallston /	(15 MOT IN AUCH FAGILITY, GIVE STREET	odress)	1 //-	(TYPE OF WORK FOR MOST OF FARMER	F WORKING LIFE)	FARI	MING
Tau S	STATE INCOUN	THER INSTITUTION, GIVE RESIDENCE BEFORE 13. CITY OF TOW PERRY H		13d. INSIDE CITY LIMITS?	13e.SIREEL ADDRESS 4014 PERI	ZIP CODE	RD.	21128
SA) FA	ATHER'S NAME	ODLE LAST		15. MOTHER'S MAIDEN NAME FIRST	ME		LAS	
1	THOMAS	LACEY		CLARA			DREY	
	WAS DECEASED EVER IN U.S. ARA YES, NO OR UNKNOWN) (IF YES, GIVE		RITY NO.	17. INFORMANT	ADDRE			
1	VES, NO OR UNKNOWN) (IF YES, GIVE	219-36-00	061	MATILDA LAC	CEY (SISTE	R) SAME	E ADDR	ESS
		DUE TO, OR AS A CONSEQUE	ENCE OF	l duhante	N.		11 -	hours
IFICATION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	CAUSE (o) (avella	ENCE OF		200 AUTOPSY?	20b. IF YES, V	WERE FINDIN	NGS USED OF DEATH?
ERTIFICATION	Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSEQUE (b) MAY OUT DUE TO, OR AS A CONSEQUE (c) ONDITIONS CONTRIBUTING TO E	ENCE OF	NOT RELATED TO THE TERM N WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, V IN CERTIFYII YES	WERE FINDING CAUSES	NGS USED
AL CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT CO. 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	DUE TO, OR AS A CONSEQUE (b) MAY OF MANAGEMENT OF THE CONTRIBUTING TO E 196 CONDITION FOR WHICH 216. TIME OF INJURY HOUR A.M. MONTH DA	ENCE OF DEATH BUT N OPERATION AY YEAR	NOT RELATED TO THE TERM	200 AUTOPSY? YES NO	20b. IF YES, V IN CERTIFYII YES	WERE FINDING CAUSES	NGS USED OF DEATH?
MEDICAL CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT COUNTY OF THE CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION COUNTY OF CONTRIBUTION COUNTY OF	DUE TO, OR AS A CONSEQUE (b) MAY AND DUE TO, OR AS A CONSEQUE (c) ONDITIONS CONTRIBUTING TO E 196 CONDITION FOR WHICH	OPERATION AY YEAR 19	NOT RELATED TO THE TERM N WAS PERFORMED	200 AUTOPSY? YES NO	206. IF YES, NIN CERTIFY II YES	WERE FINDING CAUSES	NGS USED OF DEATH?
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT CO. 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	DUE TO, OR AS A CONSEQUE (c) DUE TO, OR AS A CONSEQUE (c) DODDITIONS CONTRIBUTING TO E 196 CONDITION FOR WHICH 216. TIME OF INJURY HOUR A.M. MONTH DA P.M. 21e PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE, F.) (b) Intended the, deceosed from (c) Indeed the deceosed from (d) Indeed the d) Indeed the	OPERATION AY YEAR 19 ARM, ETC.)	NOT RELATED TO THE TERM N WAS PERFORMED 211. HOW INJURY OCCUR! 211. LOCATION STREET 19. 27. d that in (my) (dur) opinion of DEGREE ATTENDING	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJUI	20b. IF YES, VIN CERTIFYII YES	WERE FINDING CAUSES TI OR PART 2) COUNTY and from the	NGS USED OF DEATH? NO STATE that (I) (we) couses stated
MEDICAL	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT COUNTY OF THE COUNTY	DUE TO, OR AS A CONSEQUE (b) MAY AND DUE TO, OR AS A CONSEQUE (c) DUE TO, OR AS A CONSEQUE (d) DUE TO, OR AS A CONSEQUE (OPERATION AY YEAR 19 ARM, ETC.) DUALE D	NOT RELATED TO THE TERM WAS PERFORMED 211 LOCATION STREET 19 27 d that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJUIT OF THE CONTRACT OF THE CONTR	20b. IF YES, VIN CERTIFYII YES	WERE FINDING CAUSES TI OR PART 2) COUNTY and from the	NGS USED OF DEATH? NO STATE that (I) (we) couses stated SIGNED

DHMH - 16 60M 7/8 (VRA 15, 4)

should be detoched for use as the buriol-transit permit. Then please remove carbanpapers: with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaval.

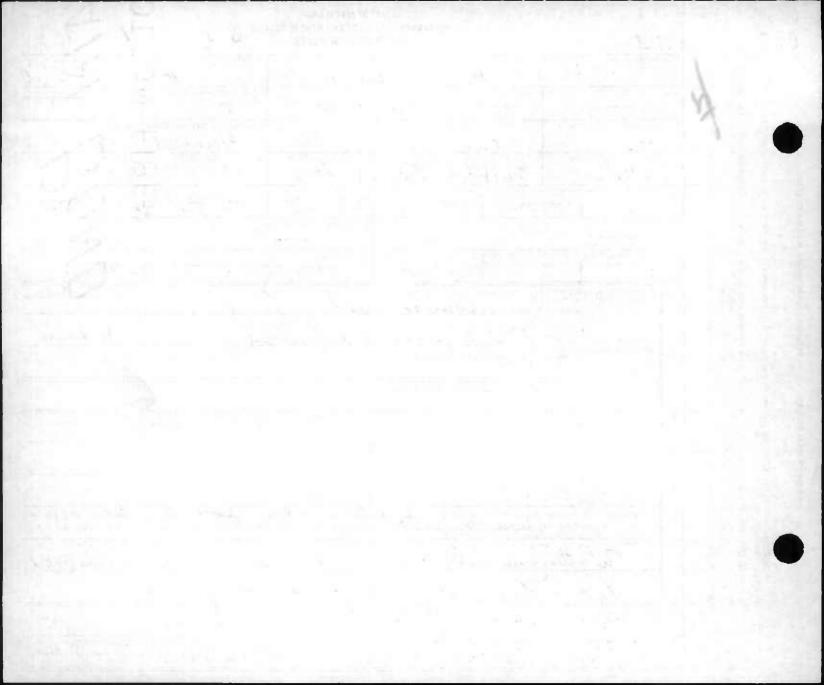
TO FUNERAL DIRECTOR: After this certificate has been

TO HOSPITAL OR ATTENDING PHYSICIAN: The

ottending

9705 Belair Rd., Baltimore, Md. 21236

10 1987



o e o p	(TYPE OR PRINT) Helen	Lucas	t No.	June 2, 1987	2:00 A
may irr. pag	3. SEX Female	4 RACE White	July 25 at 1920	6 AGE (IN YEARS LAST BIRTHDAY) 66 YRS	IF UNDER 1 YEAR IF UNDER 24 HRS
Port don	7a BIRTHPLACE (STATE OR FOREIGN Mary Land	76 CITIZEN OF WHAT COUNT U.S.A.	RY? 8 MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR COUNT Harford Cour	
. IV	Joppa	105 Driftwoo	RSING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION (Type of work for most of working) Homemaker	12b. KIND OF BUSINESS OR
ND 212	AL RESIDENCE IF NURSING HARE STATE 138,1 OF MARYLAND	INTY 13, CITY OR	refore admission) TOWN 13d. Inside city limits? YES X NO [1307 W. 40th	Street 21211
MARYLA ed with	FATHER'S NAME WILLIAM	Crawford Re	15. MOTHER'S MAIDEN NA	atha Oler	LAST
oe execut on and co	The WAS DECEASED EVER IN U.S. A (YES. NOOR UNKNOWN) (IF YES. C	GIVE WAR OR DATES)	2 8608 Howard L. I	ucas S	ame
certificate ing physicis romovolf	PART I. DEATH WAS CAUS		estate Out (all Carcinom	APPROXIMATE INTERVAL BETWEEN ONSELAND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 ING PHYSICIAN: The low requires that the death certificate be executed within the rate of the death certificate by the other death physician and complete fulling os the buriol-transit permit. Then please remove carbon papers. Pages fond 2 that and Mental Hygiene prior to burial, cremation, or removal content to burial, cremation, or removal content is shows any injury, or other troumatic event, the medical exempte medical exempte medical exempte medical exempte.	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSI			
ECORDS, 20 Dw requires been signed mit. Then pit prior to buring to buring to some	PART 2. OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING		TO DEATH BUT NOT RELATED TO THE TERM		IVEN IN PART 110
AL REC	TIFIC				IFYING CAUSES OF DEATH?
JOF VITA SICIAN: T and physic certificate riol-trans entol Hyg ltem 18 s	OR CONTRIBUTING CAUSE OF C		DAY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM 18	PART OR PART 2)
DIVISION NG PHYS of the this os the but th and Mith and	BETTHER NOTHEY MEDICAL EXAMIN WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	FICE, FARM, ETC.)	CITY OR TOWN	COUNTY STATE
OR ATTENDI he hospitol or DIRECTOR: A Crocked for use Dopt of Heal	sow the deceased olive of	not) view the body ofter death.	2)	MEDICAL STAFF DIRECTOR PHYSICIAN	pur ond from the couses stoted 22c DATE SIGNED
HOS bined FUN buld the	Dr. Davis		Good Sama	ritan	
Bb	230 BURIAL, CREMATION, REMOVA Burial	23b. DATE 06/05/1987	236. NAME OF CEMETERY OR CREMATORY Saters Cemetery	Lutherville,	Balto.Co., MD

Burgee-Henss Funeral Home Baltimore, MD 21211

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. NO.

25a DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

Item 14, Film G628 6-5-87

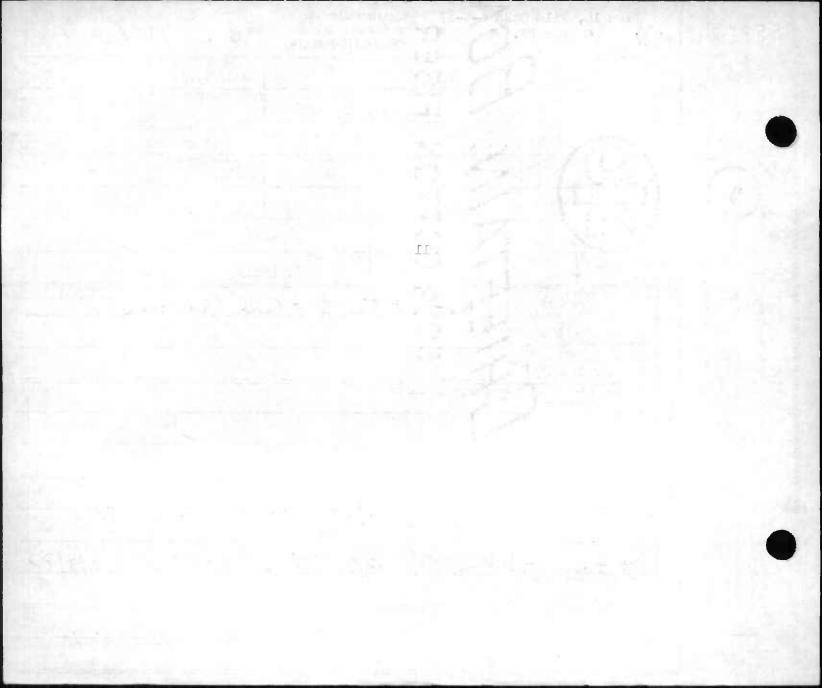
SB per FH.

24 FUNERAL DIRECTOR

DHMH - 16 60M 7/84

(VRA 15, 4)

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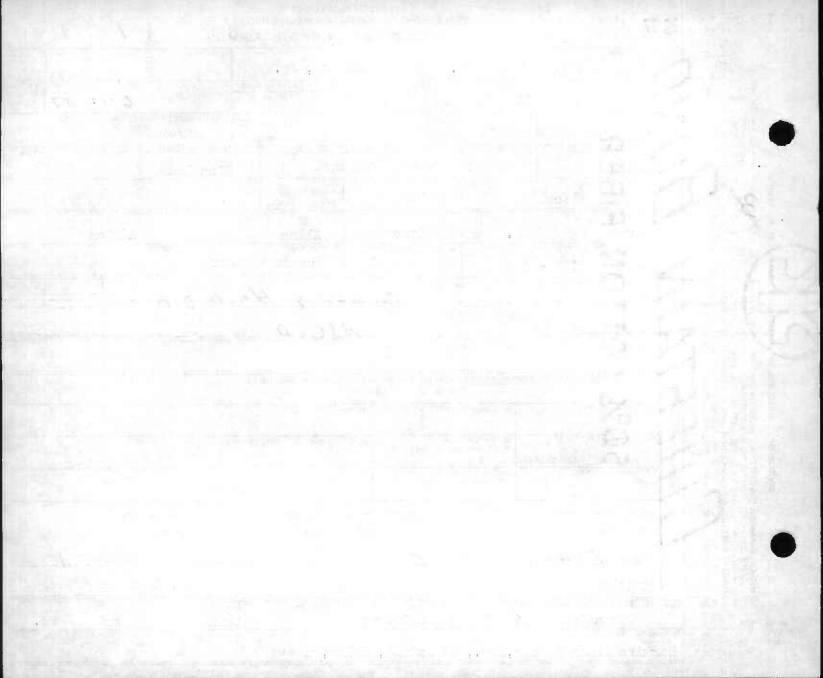
BP-**DHMH** - 17

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	mg	100	19	146
REG. NO.	/	die	7	
		_	_	_

	CEASED NAME PE OR PRINT)	Kurt	1	MIDDLE R.	Meit	ner,	Jr.		KNOWN ESTI-	MONTH DA	Y YEAR
1.5E	M	I. RACE W	5 DATE OF BIRTH	30 5	(IN YEARS IF US BIRTHDAY) MON'		HOURS MI		YCED	6 -(5	Y YEAR
FC	RTHPLACE (ST. DREIGN COUNTRY) Tllinoi	.s	USA	AT COUNTRY?			ER MARRIED DIVORCED	V-VI	arford	COUNTYO	FDEATH
Pa	illston			on Genera	al Hosp	ital	ION 12a	FOR MOST OF WOR	RKING LIFE)	DF WORK 17b.	KIND OF BU OR INDUSTE
13a. S	AL RESIDENCE (TOTK	or other institution, giv TY [residence before a	DMISSION) WN	13d. INSIDE CIT		STREET ADDRI		9	199
L	Kurt		R.	Meitn		Ali	R'S MAIDEN N IST	AME	NIDDLE	Adriar	LAST
	WAS DECEASED ES, NO, OR UNKNOV Yes	EVER IN U.S. AR/	WAR OR DATES	237 42		17. INFORM	pital	Chart	ADDRESS		
			101								
ATION	PART 2 OTHER SIG		CONTRIBUTING TO OEATH D	UT NOT RELATED TO TH						20	AUTOPSY?
CAL CERTIFICATION	190. DATE OF	OPERATION CAUSE WAS	19b. CONDITI	ION FOR WHICH	OPERATION V	VAS PERFORA	AED?	NTER MATURE OF IM	JURY IN ITEM 18 PAI		AUTOPSY?
MEDICAL CERTIFICATION	210. EXTERNAL UNDERLYING CONTRIBUTION	CAUSE WAS OR GOCAUSE OF C	21b. TIME OF HOUR A.M. DEATH P.M. 21e PLACE O	INJURY MONTH DAY	OPERATION W YEAR 9 ME, 21f. LO	VAS PERFORA	AED?				
MEDICAL CERTIFICATION	210. EXTERNAL UNDERLYING CONTRIBUTIN 21d INJURY O WHILE AT WORK 220. I certify death resulte. ACTUAL SIGNATURE	CAUSE WAS OR CAUSE OF CCURRED NOT WHILE AT WORK that I took charg	21b. TIME OF HOUR A.M. P.M. 21e PLACE O STREET, FACTO e of the remains desc	INJURY MONTH DAY IF INJURY (ATHO DRY, FARM, ETC.) ribed abave, held Accident ,	YEAR 21c. H YEAR 21f. LC an Autop	OW INJURY (OCATION STREET OSSY Homicia TITLE (SP	Inspection & U	NTER NATURE OF IN CITY OR TO	and anner ,	COUNTY ON THE SIGNED 6	YES []



requires that the death certificate be executed within 24 hours after

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital or attending physician. mipletely filled in by the funeral director, page 3 ond 2 should be filed within 72 hours ofter death

STATE OF MARYLAND

9		FOR STATE REGISTRAR			FHEALTH AND MENTAL HYO IFICATE OF DEATH	GIENE 7	7 4	9 4
		CEASED NAME FIRST Rut		PZABETH	WELLIKEH	20. DATE OF DEATH MONE	1987	26 HOUR P. 8:54 M
	3. SEX	LEWALE	1. RACE	MOI	E OF BIRTH NTH 14 1902		MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
7	-	RTHPLACE (STATE OR FOREIGN OUNTRY) ST LOWS	76. CITIZEN OF W	A. MARE	RIED NEVER MARRIED DIVORCED DI	9. BALTIMORE CITY OR CO	County,	MD.
1	T	TY OR TOWN OF DEATH	104 W	FACILITY GIVE STREET ADDRESS)	E OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR	KING LIFE) INDUSTRY	c School
5	13a. S	narryland -	NTY	IVE RESIDENCE BEFORE ADMISSION 31. CITY OR TOWN BALLIMOTE	YES NO D	130 STREET ADDRESS / ZIP 2702 White		w€ 21215
10)	THER'S NAME FIRST PO	MIDDLE	FART	15. MOTHER'S MAIDEN NA	th BAdger	- Sum	mers
		(AS DECEASED EVER IN U.S. A res, no or unknown) (18 yes, G	IVE WAR OR DATES!	66 SOCIAL SECURITY NO		eth M. Wilsey		Md. 21014
2	CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR, (b) DUE TO, OR, (c) CONDITIONS CON	AS A CONSEQUENCE OF	UT NOT RELATED TO THE TERM	VINAL DISEASE OR CONDITION 200 AUTOPSY? , 1206	s. 6n	NGS USED
1		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN	HOUR A.M	MONTH DAY YEA	AR	RRED (ENTER NATURE OF INJURY IN II		
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE O		211 LOCATION	CITY OR TOWN	COUNTY	STATE
		22a I certify that (I) (this has saw the deceased alive o above, (I) (www) (did) (did-	1 30 JUN	C P 73	and that in (my) (our) opinion	death occurred on the date a		that (I) (we) lost couses stated
		226. SIGNATURE	well n	z Dr		MEDICAL STAFF MEDICAL STAFF PHYSICIAN		ESIGNED E 30, 1987
	22- 0			dwell, M.D.	401 Frank	I'M Street, BE	1 Air, Marc	JA2 21014
	(SPECIFY) Burial	23b. DATE 7/3/87		on Park Cem.	Baltimore,		STATE
		INERAL DIRECTOR TCHELL-WIEDEFE	LD HOME,	INC. 6500	York Rd. JU	TE REC'D. BY REGISTRAR 256	REGISTRATIS SIGNA	· Kindres

DHMH - 16 60M 7/84 (VRA 15, 4)

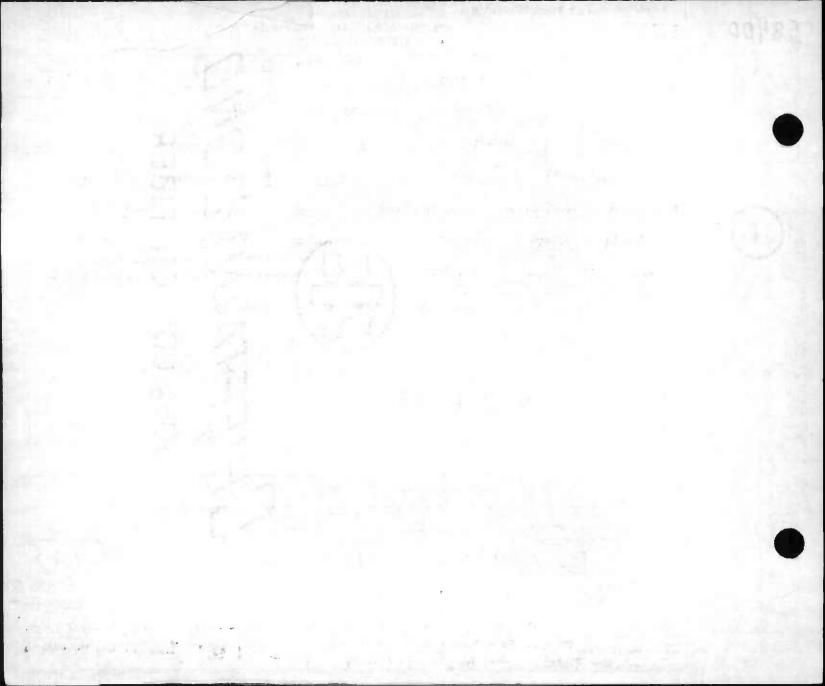
BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and cashould be detached for use as the buriol-transit permit. Then please remove carbon address. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal. IMPORTANT: If them 21 is marked or them 18 shows any injury, ar other traumatic event, the medical

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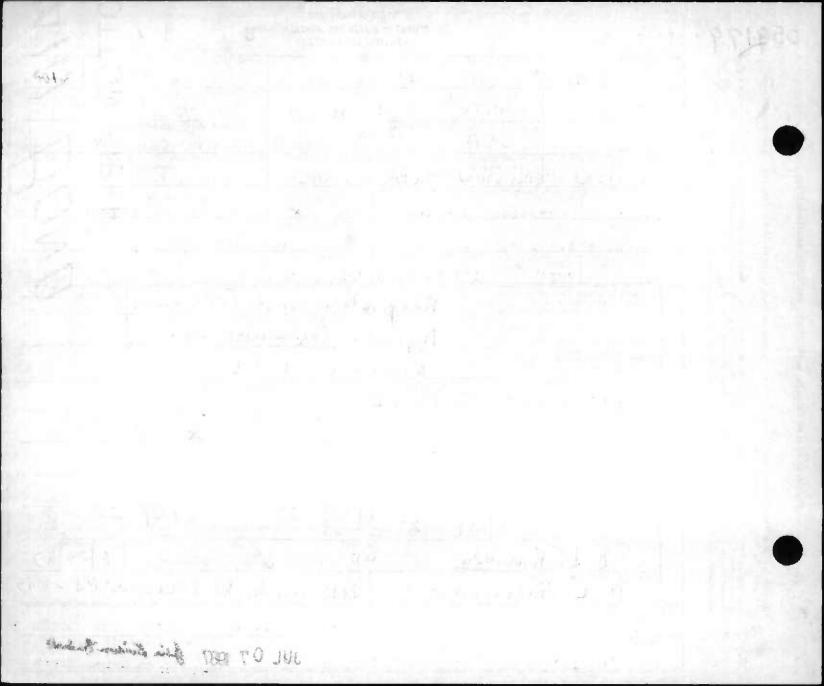
	0	Mrs margaret mo	-		OF MARYLAND ALTH AND MENTAL HY	GIENE O 7	1 7
COL	de.	STATE REGISTRAR			CATE OF DEATH	REG. NO	1 / 4 9
٠٤	1. DE	CEASED NAME FIRST	MIDDLE	V \ / /	MONAHAH	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
deal	3. SE	Marga	IL RACE		ranani	, 30	as 87 7 F
	3. SE	Female	CAUCASI	5. DATE OF MONTH	L 21, 1890	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 14
25	7a. B	RTHPLACE (STATE OF PREIGN COUNTRY) FOR EXTENTION	76 CITIZEN OF WHAT CO	UNTRY? 8 MARRIED	□ NEVER MARRIED □	BALTIMORE CITY OR COU	
30	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL			120 USUAL OCCUPATION	12b. KIND OF BUSINESS
25	1	FALLS FON (21047)	FA/Ston	GENERAL	Hosp-	School TEACHET	
35	W	Harry And Horry	NTY 13c CITY	st Hill (21050)	3d. INSIDE CITY LIMITS?	130. STREET ADDRESS / ZIP C 2211 Gibson	ODE 2105
V27	14. FA	THER'S NAME FIRST SAVID TOST	MIDDLE DOY		S MOTHER'S MAIDEN NA	ME CECITY	KAHOE
loo!		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOC	IAL SECURITY NO.	17 INFORMAN(ISM) 1-6		HEA AVENUE
9 /		NO	214-	74-0190	mr. John T. Mou	than Jr. Baltimor	E, Maryland 21236
ovol.		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	nly ane cause per line for p	, (b) pnd (c)	morary	Dont	APPROXIMATE INTERVA BETWEEN ONSET AND DE
ic eve		IMMEDIA			000000	men	
non, o		Conditions, if ony, which	DUE TO, OR AS A CO	INSEQUENCE OF	maentive	Hart Faile	no
her fro		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CO	NSEQUENCE OF		0.1.1 7.1	
ar ath		underlying cause last	(c)	(monic	Kenn Jan	uç
njury	NO		cal (MP	a luna	OT RELATED TO THE TERM	MINAL DISEASE OR CONDITION	GIVEN IN PART 11a
any a	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATION	WAS PERFORMED		YES, WERE FINDINGS USED
	RTIF	Nove				YES NO	YES NO
5 5		710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	ATH HOUR A.M. MON	TH DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART 2)
00	Ci.	(IF EITHER NOTIFY MEDICAL EXAMINES	P.M. 21e. PLACE OF INJURY	19	III LOCATION		
00	ă	IZIO INJUNI OCCURRED			STREET	CITY OF TOWN	COUNTY STAT
00	MEDICAL	WHILE NOT WHILE	(AT HOME STREET FACTOR)	OFFICE FARM EIC)	ZIKEEI		
00	MEDIC	MHILE NOT WHILE AT WORK			22 19 8	7 10 6-28	- 19 & 7 that (I) (we
E SO	MEDIC	while NOT WHILE 21 WORK 21 Certify that (1) (this haspi	ital) attended the deceased	d from	22- 19-8	Z, to 6-28	haur and from the causes state
ept. af Health and Mental Item 21 is marked ar Item 1	MEDIC	WHILE NOT WHILE DAT WORK AT WORK (I) (this haspi	ital) attended the deceased	d from	22- 19-8	Z, to 6-28 death accurred on the date and	19 8 7. that (1) (we have and from the causes state
hem 21 is marked or Item 18	MEDIC	WHILE NOT WHILE AT WORK 22a I certify that (I) (this haspi sow the deceased alive above, (I) (we) (did) (did)	ital) attended the deceased	d from	that in (my) (aur) opinion		22c DATE SIGNED
hem 21 is marked or Item 18	MEDIC	WHILE NOT WHILE AT WORK 22a I certify that (I) (this haspi sow the deceased alive above, (I) (we) (did) (did)	ital) attended the deceased	d from 19 ond	that in (my) (aur) apinian GREE ATTENDING PHYSICIAN [170 ADDRESS	STAFF DIRECTOR PHYSICIAN	6/29/8
Hem 21 is marked or Hem 18 s	MEDIC	WHILE AT WORK 22a I certify that (I) (this hasping sow the deceased allow on abave, (I) (we) (did) (did not some some some some some some some some	ital) attended the deceased	d from 1987 and h. 1987 and	that in (my) (aur) apinion GREE ATTENDING PHYSICIAN [120 ADDRESS 1 COLGIA	STAFF DIRECTOR PHYSICIAN	22c DATE SIGNED
ept. af Health and Mental Hy Item 21 is marked or Item 18 :	23a B	WHILE AT WORK 22a I certify that (I) (this hasping sow the deceased allow on abave, (I) (we) (did) (did not some some some some some some some some	ital) attended the deceased lives the body after deat August 1989 PRINT	d from 1987, and h. 1987, and	that in (my) (aur) apinian GREE ATTENDING PHYSICIAN [170 ADDRESS	STAFF DIRECTOR PHYSICIAN	171 101 FOX MD 21050



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 IOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter deather hospital or afterding physician. FUNERAL DIRECTOR: After this certificate has been signed by the ottending physiciafferd completely filled in by the fune lid be detached for use as the burial-transit permit. Then please remove carbon pages, Pages 1 and 2 should be filled within the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.		oth. Page 4 may be	rol director. page 3 72 hours ofter death	one.
A Popularion	DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer death. Page 4 may be retained by the hospital or attending physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physicial end completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pages. Fond 2 should be filed within 72 hours ofter death with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal.	IMPORTANT: If Hem 21 is morked or Hem 18 shows ony injury, or other troumotic event, the medical exegnine must be rothlied or on a

(VRA 15, 4)

						STATI	OF MARYLA	ND				
mh	T.	FOR STATE			DEPA	RTMENT OF H	EALTH AND N	ENTAL HYGI	END 7	1 7	44 3	90
JU,	110	REGISTRAR				CERTIF	ICATE OF D	EATH	REG.	NO.		1
		CEASED NAME	FIRST		MIDDLE	L	AST		20 DATE OF DEATH		AY YEAR	2b. HOUR
	(TYPE	FRN FRN	JEST		A.	ORM	ET	R		6-25	3-87	2:10P
	3. SE		-	4. RACE		5. DATE C			6 AGE (IN YEARS LAST		F UNDER 1 YEAR	IF UNDER 24 HRS
		MALE		WHI	TE	MONTH	iŝ	YEAR	-		ONTHS DAYS	HOURS MIN.
1		RTHPLACE (STATE OR FOR	EIGN	b. CITIZEN OF	WHAT COUNTE	RY? 8.	NEVERM	ARRIED [9 BALTIMORE CITY	OR COUNTY	OF DEATH	
7		Penna		05	H	WIDOWE	*	ORCED	HARFOR	n cou	NTY	MD.
)-3	10. CI	TY OR TOWN OF DEATH	1		HOSPITAL, NUR		R OTHER INST	TUTION	12a. USUAL OCCUPA			F BUSINESS OR
L	E	AUSTON			OW GEI		HOSPITT	76	AutoMech			Self
-	USU,	AL RESIDENCE (IF NURSING	B. COUN	OTHER INSTITUTION,	GIVE RESIDENCE BE		13d. INSIDE CI	VIIIIITCO I	13e.STREET ADDRES			agese
1		Maine		ostock				NO X		doin S	Street	11717
		THER'S NAME				.011		MAIDEN NAM				
)		FIRST		AIDDLE C	LAST		F	not	ascerta	inahl.	LAS!	ī
0	16a V	Ernest A	U.S. ARA	rme, S	166 SOCIAL SE	CURITY NO.	17. INFORMAN			RESS	_	
3		The state of the s	JWTT	WAR OR DATES)	182-00	7963	Mrs.	Mary H	Orme	49 Bot	wdoin	St OA
		Y E S 18 CAUSE OF DEATH					HLS.	nary II	· OTme,	Hoult		nine 04
		PART I. DEATH WAS	CAUSED	BY:	line for (o), (b)	1	atory	avres	+ (CPR	PIVEN	BETWEEN	ONSET AND DEATH
		IA	MEDIATI	CAUSE (a)		163111	1	0.116.4	1 (0.1	0		
		Candista		DUE TO, OI	RAS A CONSE	SAIVAT	lon P	W & L. 144 1	auchi L	LL		
		Conditions, if ony, v gove rise to immed	diote	(b)		12/11/01	100	NO.			+	
		couse (0), stoting underlying couse		DUE TO, OI	R AS A CONSEC	QUENCE OF	Locai	1.	11			
		DARK O OTHER CICALIE	ICANIX C	(c)		1746	CIV2 N	1700,				
	NO	PART 2 OTHER SIGNIF	EI	MERS	- C	O P D	NOT RELATED	O THE TERMIN	NAL DISEASE OR CO	INDITION GIVE	N IN PART TO	
-	CERTIFICATION	190. DATE OF OPERATIO	N	19b. CONDI	TION FOR WHI	CH OPERATION	N WAS PERFOR	MED	20a AUTOPSY®	20b. IF YES,	WERE FINDIN	IGS USED
1	IFIC								YES TI NO D	IN CERTIFY	ING CAUSES	OF DEATH?
0	ERT	21a. ACCIDENT WAS UNDER	LYING [21b. TIME O	FINJURY		21c HOW INJ	URY OCCURRE	D (ENTER NATURE OF IN	YES		NO 🗆
7		OR CONTRIBUTING CAL			M. MONTH				(Enter instance)	70K / 11 (1 EW 16) - MI	TORTALIZI	
	MEDICAL	(IF EITHER NOTIFY MEDICAL 21d. INJURY OCCURRED		21e PLACE (19	21f. LOCATIO	V .				
	ME	WHILE NOT WHILE		(AT HOME STR	EET, FACTORY, OFFI	CE, FARM, ETC)	STREET	•	CITY OR	TOWN	COUNTY	STATE
		22a.l certify that (I) (th		1) - 44 - 1 - 4 - 4 - 4 - 1	1-1-16-		1 7 1	()		100	- 80	
		sow the deceased	olive on_	()	28 19	0 0	d that in (mg) (our) opinion de	enth occurred on the	dote and have		that (I) (ye) lost
		obove, (I) (we) (did	(did not	view the Body	after deoth.		DEGREE	, opo oo	/ directived on the	dole old hool		
		9. 1	SV	rovele	des)	IA CL	TENDING HYSICIAN		AFF SICIAN [22c. DA E	29 82
		22d PHYSICIAN'S NAM	E (TYPE OR	PRINT)			22e. ADDRESS	A A			. 1	1 2
		D- L	. 3	1'20 vo	LIDIS		2112	Bel +	HV Kd. F	ALLST	DN, M	9.21047
	23a. 8	URIAL, CREMATION, RE	MOVAL	23b. DATE	23	RENAME OF CI	METERY OR CI	REMATORY	23d LOCATION	=		
	{	Burial		7-1-1	.987	Edgewo	od Mem	. Gard	lens, Co	oncord	Twp,	DelCo P
	24 FL	INERAL DIRECTOR						25a. DATE	REC'D. BY REGISTRA			URE
	Κι	ırtz Funer	a 1	Home	Jarret		e. Md	JUL	07 1987	Buten De	Personal Co	
							<u>_ 9 11U.</u>		. , , , , ,			



STATE OF MARYLAND

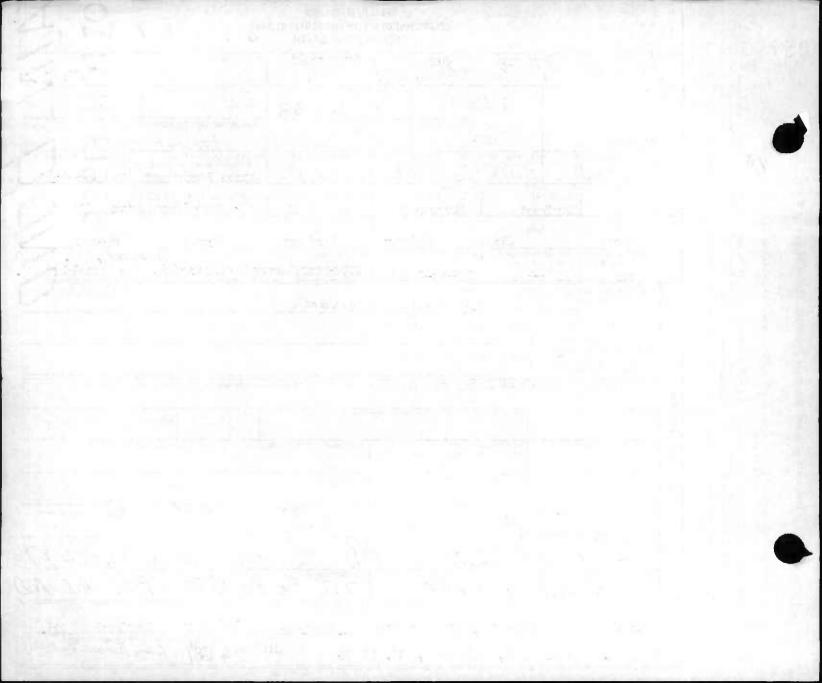
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1-	FOR STATE REGISTRAR	DEPA		EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.	174	9 /		
	CEASED NAME FIRST	Barbara MIDDLE Ani	n ,	AST Ostrowski		ONTH DAY YEAR	2b HOUR		
×	GARDARA	4. 057 KD	45K1	H	<	6 22 87	7:02 A		
3. SEX	American	4 RACE	5. DATE C	16	6 AGE (IN YEARS LAST BIRTHD	MONTHS DAYS	HOURS MIN.		
1	remale	White		124/33	54	YRS.			
-	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNT	TRY? 8 MARRIE	NEVER MARRIED	9 BALTIMORE CITY OR				
M	aryland	USA	WIDOWE	D DIVORCED	HAR	2FORD	MC		
0 CI	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU	IRSING HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPATION		OF BUSINESS OR		
F	Allston	FA/STON O	ener	71 HOSP.	Nurse Assis	tant VA Ho	ospital		
USU/	AL RESIDENCE (IF NURSING HOME STATE	OR OTHER INSTITUTION GIVE RESIDENCE B	TOWN	113d. INSIDE CITY LIMITS?	13e STREET ADDRESS / Z	IP CODE			
/ar	vland Hari			YES NO X	626 Boxeld	er Drive 2	21040		
	ATHER'S NAME	MIDDLE LAST		15. MOTHER'S MAIDEN NA	ME		157		
	George		Nelson	Barbara	Marie	Fabir	nna		
	WAS DECEASED EVER IN U.S. A		SECURITY NO.	17 INFORMANT	ADDRESS	Edgewood,	Md. 2104		
(YES, NO OR UNKNOWN) (IF YES, C	212-30	-1966	SOMOODEN JOS	seph Ostrowsl	ci, 626 Box	kelder Dr		
CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICAN' 19a DATE OF OPERATION	DUE TO, OR AS A CONSE (c) T CONDITIONS CONTRIBUTING	TO DEATH BUT		200 AUTOPSY?	20b. IF YES, WERE FIND IN CERTIFYING CAUSE	INGS USED		
RTI		S an first of himsey		Tata HOWAN HURY OCCUR	YES NO	YES	NO 🗌		
_	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF ((IF EITHER, NOTIFY MEDICAL EXAMIT)	DEATH HOUR A.M. MONTH	DAY YEAR	ZIE HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY	IN ITEM 18 PART 1 OR PART 2)			
MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	FFICE, FARM, ETC.)	211 LOCATION STREET	CITY OF TOWN	COUNTY	STATE		
	22a. I certify that (1) this haspital) attended the deceased from 12 , 1986, to 01000, 1987, that (1) (we) los sow the deceased alive on 12 1987, and that in (my) (we) opinion death occurred on the date and hour and from the causes stated above. (1) (we) (did) (we) not view the body after death.								
	22b. SIGNATURE	I Strace			MEDICAL STAFF DIRECTOR PHYSICIA	1/-	ZZ-87		
	22d. PHYSICIAN'S NAME (TYPE	2.6/ac	e	27. ADDRESS So	Boned St	Bel.	AIT N		
	BURIAL, CREMATION, REMOV. (SPECIFY) Burial	June 24,1987		Mem Gardens	23d LOCATION CITY OF TOWN Bel Air	Harford	STATE Md.		
	UNERAL DIRECTOR			250. DA	TE REC'D, BY REGISTRAR 25	b. REGISTRAR'S SIGN	ATLIDES.		
H	oward K. McCom	as III, Abingão	on, Md.	21009	24 1987	Julia Deorde	N. Yamer		

DHMH - 16 60A (VRA 15, 4)

BP_

TO HOSPITAL OR ATTENDING PHYSICIAN: The retained by the hospital or attending physicion.



18		FOR STATE			DEPARTA	MENT OF H	OF MARYLAND EALTH AND MENTAL HY	SIENE 7	17	4 9	8
55885	1. DECI	REGISTRAR EASED NAME PRINT) Elec	FIRST	M	Arganet		CATE OF DEATH Forslow ARS/OW	20 DATE OF DEAT	2 JUNE 1		26 HOUR 207 M
rector. p	3. SEX	FEMALE		4 RACE	E	S. DATE C		6. AGE (IN YEARS LAS		ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
neral dii n 72 hou	CO	THPLACE (STATE OR FOUNTRY) CHICAGO	OREIGN	76 CITIZEN OF	WHAT COUNTRY?	8. MARRIEI WIDOWE	NEVER MARRIED DIVORCED	9 BALTIMORE CIT	_	OF DEATH	MD.
s offer o	10 CITY	VORTOWN OF DEA	TH		HOSPITAL, NURSIN		ROTHER INSTITUTION HASPITA	+	PATION	INDUSTRY	F BUSINESS OR
24 hour 24 hour filled in sould be filled in sould	13a. ST	RESIDENCE (IF NURSI	13b COUN		GIVE RESIDENCE BEFORE	ADMISSION)	13d INSIDE CITY LIMITS? YES NO S	13e.STREET ADDRE			210111
MARYLA mpletely ond 2 sh	14 FAT	HER'S NAME		MIDDLE	KEILY		15. MOTHER'S MAIDEN NA	ME	IE.	maguir	Ţ
BALTIMORE, cate be execut spers. Pages 1 vol. it, the medical		AS DECEASED EVER I		MED FORCES? E WAR OR DATES)	166: SOCIAL SECU 133-ススープ		mr. Scott W.	PATSION F	BUSTER M	W CAID	21047
to the the death 'gertific's that the death 'gertific's by the attending philose remove carbanp.		Conditions, if any, gove rise to imm couse (a), stoting underlying cause	which dedicate g the last.	DUE TO, O (c)	R AS A CONSEQUE	NCE OF	MONARY EATH SYN				MATE INTERVAL DISET AND DEATH
AL RECORDS, 2 he law require ion. has been sign it permit. Then tene prior to buy tows any injury,	o l		154	EMIC	HEART	DISE	NOT RELATED TO THE TERM ASE, ULL WAS PERFORMED	PERSISTE 200 AUTOPSY? YES NO[NT Ph 20b. IF YES, IN CERTIFY	WERE FINDIN	WIA GS USED
TENDING PHYSICIAN: The low requirents of or otherding physician. TOR: After this certificate has been significant as the burial-transit permit. Then shelth and Mental Hygiene prior to be 1 is marked arrivent 18 shows any injury	MEDICAL	RIG. ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC VIDENTIAL OF CONTRIBUTION WHILE NOTIFY MEDIC WHILE NOTIFY MEDIC VIDENTIAL OF CONTRIBUTION VIDENTIAL OF CONTRI	AUSE OF DEA AL EXAMINER ED	P. 21e. PLACE (AT HOME, STI	M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, FI THE deceased from 19	19 ARM, ETC.)	216. HOW INJURY OCCUR 216. LOCATION STREET 19 d that in (my) (my) opinion		DR TOWN	(OUNTY	STATE that (1) (
O HOSPITAL OR AT etained by the hosp TO FUNERAL DIREC should be detached f with the State Dept. or MPORTANT: If them S	2	OBOVE, (1) (A) PA	ME (TYPE	Rod	M.D.	Mi	DEGREE D. ATTENDING PHYSICIAN PHYSIC	MEDICAL DIRECTOR PH		b/I LAIR	87

Bed Air Monorial Gardons

24 FUNERAL DIRECTOR PROSTER 50 W. Broadway & Williams St. 126. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

JOHN DAY 1987 Julia Director Fundament 20014

JUN 04 1987 Julia Director Fundament

June 5, 1987

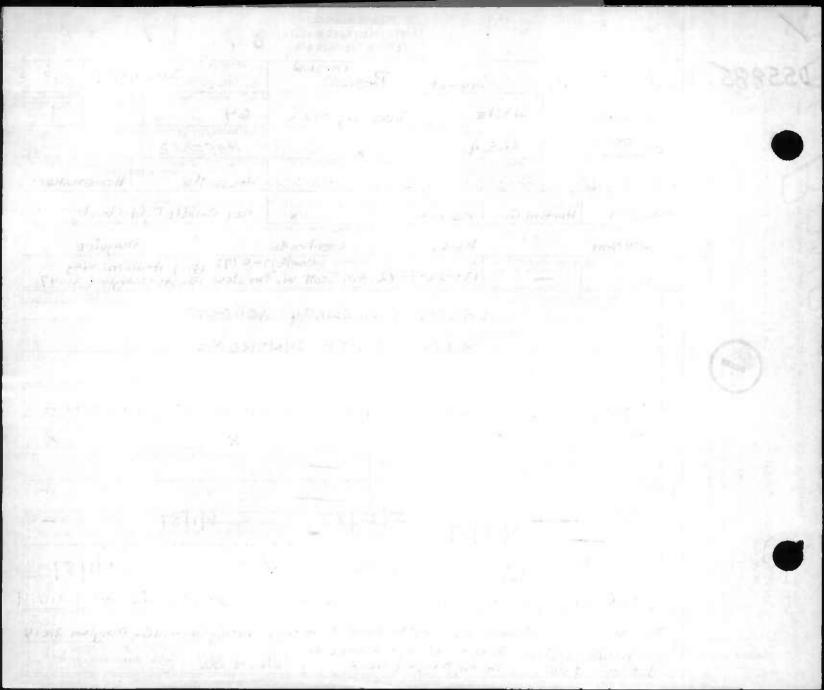
23b. DATE

230. BURIAL, CREMATION, REMOVAL

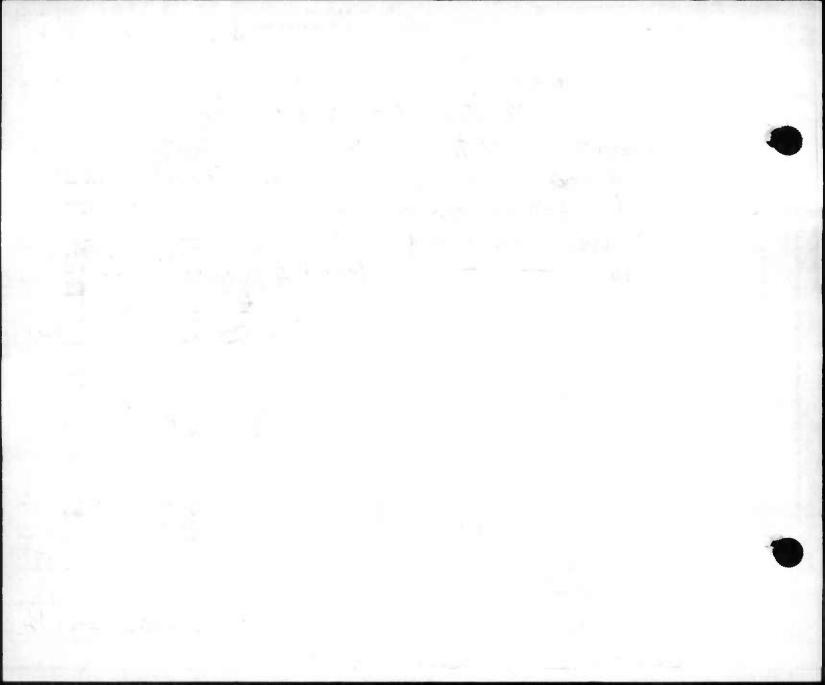
1212 CHURCHUILLE RD., BEL AIR, 21014 METERY OR CREMATORY 1234 LOCATION

BELLING HAPPETEL Co, Manyland 21014

DHMH - 16 60M 7/84 (VRA 15, 4)



	1				STATE OF MARYLAND		
7101	Juli	1 -	EOR STATE	DEPAR	TMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	SIENE 8 7	7 4 9 9
		1 DE	REGISTRAR EASED NAME FIRST	WIDDIE	LAST	REG. NO.	DAY YEAR 2b HOUR
• w €			OR PRINT) THOM		D		- P
by be					PETRUCCI	JUNE	9 1987 6:35 M
4 mo)		3 SE)	11115	4 RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DATS HOURS MIN.
age Jan			MACE	WHITE	AUG. 14, 1974	YRS	
P P P	77	7a Bil	THPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUN	TY OF DEATH
dear	18		YENNA.	VIA	WIDOWED DIVORCED	HARFORD	MD.
he f	2	10. CI	Y OR TOWN OF DEATH	(IE NOT IN SUCH FACILITY, GIVE STRE	ING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION [TYPE OF WORKED MOST OF WORKING	126 KIND OF BUSINESS OR
by 1	60	HA	VRE de GRACE		EMORIAL HOSPILAL	TYPE OF WORKEOR MOST OF WORKING	RETAIL
filled by Boundary	3	13a. S	TABE A A 13h COUR	ROTHER INSTITUTION GIVE RESIDENCE BEFORE NTY 136 CITY OR TO 144ME 1	WN INSIDE CITY LIMITS?	130 STREET ADDRESS / ZIP CO	DE 157 18
within within	1 37	14. F.A	THER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN NA		LAST
p 2/3	00		MARIO	PETRUCC	1 MARI	4 -	
ecut d co	licol		AS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SE			AMARILLO.
oe execut	medica	, ,	146 -	C WAR ON DATES;	THOMAS E.	PETRUCCI	CAL.
ote b	t, the		18 CAUSE OF DEATH (Enter or	nly one cause per line for (a), (b),	and (cs.)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
tific phy	ven		PART I DEATH WAS CAUSE	TE CAUSE (o)	marginato Arv	et	
ding	or re			DUE TO, OR AS CONSEC	DENCE OF		1 4
deot	ian,		Conditions, if ony, which	(b) Cere	rovzuna A	callet	6 ocas
the o	e mar		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEC	UENCEIOE I		
1	ll, cr		underlying couse fost.	(c) Hux	xestati nem	nie	
[B]	Suric y, o		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	DEATH BUT NOT RELATED TO THE TERM	ATNAL DISEASE OR CONDITION O	IVEN IN PART TO
10 1	04.5 6.5 6.5	CERTIFICATION	Right	, Aligine (horde les	al Insuffice	ny
1	ony O	CAT	190. DATE OF OPERATION	196. CONDITION FOR WHIC	H OPERATION WAS PERFORMED		YES WERE FINDINGS USED TIFYING CAUSES OF DEATH?
	Hygiene	TIF				YES NO P	YES NO
hysicic ficate	Hygi 18 sh	Ü	210 ACCIDENT WAS UNDERLYING		DAY TAR 21E HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM I	8 PART 1 OR PART 2)
SICIA ing pl	Hem 1	3	OR CONTRIBUTING CAUSE OF DE	AID	19		
PHYS india	5 ≥ 5	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY	ARM ETC N STREET	CITY OR TOWN	COUNTY STATE
S to to	h and	~	AT WORK NOT WHILE AT WORK	/	MA		
N N N	leafter is m			ital) attended the decrased from		/ 10 6 17	. 19_87 . that (I) (we) lost
Spirto CTO	of 12		sow the decadsed olive or obove, (1) (ve) (did) (did no	ot view the body offer death.	and that in (my) (our) opinion	deoth occurred on the date and h	our and from the couses stated
OR ho	Dept		22b. SIGNATURE		DEGREE	MEDICAL STAFF	224 DATE SIGNED
A the	ote D		7/1 M B		ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	61981
HOSPII	STAP STAP		274 PHYSICIAN'S NAME THE	PRINT)	22e ADDRESS	BX, 579	10
TO HOSPITAL retained by the TO FUNERAL I	MPORTANI		UXZATO	MAM	Itel & Law St	. Mouden	- LIK 4001
7 5 7 7	3 ≤	23a t	URIAL CREMATION, REMOVAL	236 DATE 23	NAME OF CEMETERY OR CREMATORY	23d LOCATION	COUNTY STAD.
BP			BURLAC	16/23/87	ST. JEROMES	TOMAQUA-S	CHUYLTILL PA
DHMH - 16	60M 7/84	24. FI	NERAL DIRECTOR	1 2	79 E.MAIN, 250. DA	TE REC'D. BY REGISTRAR 256 REG	STRAP'S SIGNAMURE
(VRA 1		G	EE F.A.	Jan E	LKTOK, MICH JUN	23 198/	



rol director, page 3 72 hours ofter death

4 moy be

STATE OF MAKTLAND	
DEPARTMENT OF HEALTH AND MENTAL HYGIEN	C
CERTIFICATE OF DEATH	C

ENT OF HEALTH AND ME	NTAL HYGIENE Q 7	1	7	:	0
LAST	REG.		DAY	YEAR	2b. HC
LP31	1. DATE OF BEATT	-	E	07	

- STATE REGISTRAR				CERTIFI	CATE OF DEAT	H	REG. N	0.		48
I. DECEASED NAME	FIRST		MIDDLE	LA	ST	20	DATE OF DEATH		DAY YEAR	2b. HOUR
(TYPE OR PRINT)	Karl		Ρ.	Rein	nardt			6	5 87	
3. SEX		4. RACE		5. DATE O	FBIRTH	-	AGE (IN YEARS LAST BIR		MONTHS DAYS	HOURS MIN
Ма	le	Whit	e	MONTH	22 18	97	90	YRS.		HOURS MA
7a. BIRTHPLACE (STAT		76 CITIZEN OF	WHAT COUNTRY	(? 8	NEVER MARRI	9	BALTIMORE CITY	OR COUNTY	OF DEATH	
COUNTRY)		USA		WIDOWE			HAR	FORD (COUNTY	
MARYLAN	E DEATH	11 NAME OF	HOSPITAL NURS	ING HOME O	R OTHER INSTITUTION	ON 12	a USUAL OCCUPAT	ION		OF BUSINESS
EDGEWOO		JIE NOT IN SUC	THE ACILITY, GIVE STRE	ET ADDRESS)	21040		Ret - Mach	inist	(CONT	. Can
USUAL RESIDENCE (F NURSING HOME OR	OTHER INSTITUTION	I, GIVE RESIDENCE BEF	ORE ADMISSION)		raa laa	CYPEET ADDRESS			21040
13a. STATE	13b. COUN	111	13c. CITY OR TO	NWN	13d. INSIDE CITY LIV		607 Holl	y Ave.	. Edgew	ood, Md.
Marylan	dharre)ru			15. MOTHER'S MAI					
FIRST	1	MIDDLE	Reinhar	a+	FIRST Man	cia	WIDDLE		Boecke	er
Franz	51/50 h111 C 40	MED FORCES?	He TITIAL		17. INFORMANT	1200	ADD	RESS		
160 WAS DECEASED	(IF YES, GIVE	E WAR OR DATES)	214-03			Rein	hardt 607	Holl	v Ave.	21040
No			r line for (o), (b),		Meron't Di	1(021			APPRO	XIMATE INTERVAL
PART 2. OTHE			ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TER					20b. IF YE	ES, WERE FIND	INGS USED
I H							YES NO		ES 🗌	NO 🗌
OR CONTRIBUTION	21a. ACCIDENT WAS UNDERLYING 21b. TIME OR CONTRIBUTING 2 CAUSE OF DEATH (IF EITHER, NOTHY MEDICAL EXAMINER)			DAY YEAR	31c. HOW INJURY	OCCURRE	D (ENTER NATURE OF IN	JURY IN ITEM 18.	, PART 1 OR PART 2))
(IF EITHER, NOTIL		21e. PLACI	E OF INJURY	or converse	211. LOCATION		CITY OR T	OWN	COUNTY	STATE
WHILE AT WORK	NOT WHILE	(AT HOME, S	TREET, FACTORY, OFFI	CE, PARM, ETC.)		0-1				
	hot (I) (this hosp	ital) attended t	the deceased from	m		9 4 0	_, to			, that (I) (we
saw the	22a.1 certify that (I) (this haspital) attended the deceased from									
22b. S/GNATU	nthe	Min	rafut	mi		NDING X	MEDICAL ST DIRECTOR PHY	AFF SICIAN	6/	9/87
22d PHYSICIA	N'S NAME (TYPE	OR PRINT)			22e. ADDRESS				1923	
Dr.	Dante	Monaki		.D.			ion Ave.	Havr	e de	Grace.
230. BURIAL, CREMA					EMETERY OR CREA		23d. LOCATION CITY OF TOWN	Ral.	timore,	Nice war 1
Bur	ial	6-9-8	37	Gardens	of Faith	1		Dart	ormore,	Flatyl

BP. DHMH - 16 25M

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completel should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2, with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal.

(VR A 15 (4)) 9/74

FOR

24 FUNERAL DIRECTOR

Funeral

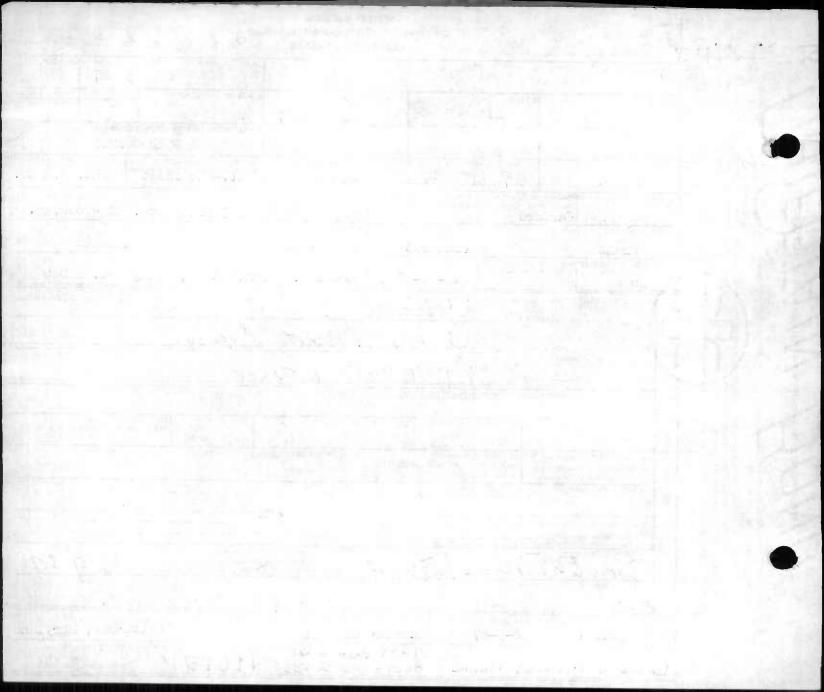
ADDRESS 1401
BALTO

Gardens of Faith

MD . 21236

21 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

1987



	6	1	FOR - STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.	50
056	925		DECEASED NAME FIRST	W. Rennolds June 14, 1987	7:34 M
~	moy mr d	3. 1	SEX .	4 RACE S. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNIT	DER 1 YEAR IF UNDER 24 HRS
5	recto urs at		Jale	White March 16, 1916 71	
0	nerol di	3 70.	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 BALTIMORE CITY OR COUNTY OF D	EATH MD.
100	offer d	(P)	OUTO OC GRACE		KIND OF BUSINESS OR DUSTRY
ARYLAND 21201	filled in	13	Maryland 136 Col	ecil Perryville YES NO 523 Arch Street	2-1903
MARYI	11/1	EX.	PATHER'S NAME Wallace	Reynolds. Sarah Middle E.	Alexander
ALTIMORE,	Pages 1	2 160	WAS DECEASED EVER IN U.S. A (YES, NOOR UNKNOWN) JIF YES, G	ARMED FORCES? 166 SOCIAL SECURITY NO. 17, INFORMANT ADDRESS	"aryland. 21
2	that the death certific I by the attending phy ease remave corban plant, or remation, or rema- ir other troumatic reserve		Canditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS ACOUSEQUENCE OF TO	
5, 20	quires i ugned hen ple to burio neury, o	Z		ST CONDITIONS <u>CONTRIBUTING TO DEATH</u> BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN	PART Iro
AL RECORD	on. hos been r permit	CERTIFICATION	19a DATE OF OPERATION		RE FINDINGS USED CAUSES OF DEATH? NO []
4 OF VITA	on physic certificate coltrons ental thom	1	OR CONTRIBUTION CAUSE OF D	DEATH HOUR A.M. MONTH DAY YEAR INER) P.M. 19	R PART 2)
DIVISION OF	of the by	MEDICAL	216 INJURY OCCURRED WHILE NOT WHILE AT WORK	216 PLACE OF INJURY (AT HOME STREEL FACTORY, OFFICE FARM, ETC.) 211 LOCATION STREET CITY OR TOWN C	OUNTY STATE
	ATTENDI apidal or CTOR: A ffor over of Neofi		saw the deceased alive a	ospital) attended the deceosed from	that (It (we) lost from the causes stated
	TALOR Dy the horacle detached float Dept Note The Ten	1	27 DIMA	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	21. DATE SIGNED
	O HOSPI elicined b TO FUNE hould be m#O8TA		Norman B	Berger, Ab. 200 N. Union Alve. Haure de Gr	ace, Md

Lerson Son Funeral Home, Perryvill

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

NIN 1 7 1987 Julia Dender Ludies

DHMH - 16 60M 7/84 (VRA 15, 4)

Bur, y , I , I the same of the sa Control of the contro to all the control of el transfer de la companya del companya de la compa

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR KNOWN 🔀 I DECEASED NAME 2h HOUR OF (TYPE OR PRINT) 1987 Ridgeley DEATH MATED 5-31 N 72 HOURS TON STREET, Edward George 17d HOUR 6:40A 4. RACE IF UNDER 24 HRS 3. SEX DATE OF BIRTH DATE PRONOUNCED 1087 69 Black 18 Male DEAD 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR MARRIED | NEVER MARRIED | MD. USA WIDOWED [DIVORCED Harford County 12b. KIND OF BUSINESS ID CITY OF TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) student OR INDUSTRY 40 Havre de grace (scene Havre de Grace USUAL RESIDENCE (IF IN NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 700 Lafayette St Harkord Haure de graces D NO 🗌 14. FATHER'S NAME LAST Ridgeley Clarence Agnes ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES Father, sames as above 219-86-7429 EXECUTE THE CERTIFICATE. WRITING THE WORD "PENDING" IN PENCIL IN THE PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH TO SHUMBALD INFECTOR: PAGE 3 SHOULD BE USED AS A BURIA. TRANSIT PERMIT PAGE THE PENDING THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE DIVISIONORE, MARYDAND 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). BETWEEN ONSET AND DEATH PART | DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Multiple injuries DUE TO, OR AS A CONSEQUENCE OF rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE DR CONDITION GIVEN IN PART 1 (a) 20 AUTOPSY? 19n DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? YES X NO [210 EXTERNAL CAUSE WAS 71b. TIME OF INTURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING Driver in auto accident 19 87 CONTRIBUTING CAUSE OF DEATH 6: 00-AM 21e PLACE OF INJURY 211 LOCATION AT WORK NOT WHILE STREET, FACTORY, FARM, ETC.) 40, Havre de Grace, Harford County, MD TATE road and in my apinian 22a. I certify that I took charge of the remains described above, held on Autopsy Accident X Suicide Hamicide Undetermined manner death resulted fram: Natural couses TITLE (SPECIFY) DATE 5-31-87 ACTUAL Assistant SIGNATURE EXAMINER'S NAME __ADDRESS 111 Penn St., Balto., MD 21202 Korell, M.D. (TYPE OR PRINT) Harford Burial Aberdeen Union United Cem. 6-6-87 07/84 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Renders. 25M 24. FUNERAL DIRECTOR **DHMH - 17** Arnold Beard Havre de GRace, Md. (VR A15 ME (5))

STATE OF MARYLAND

ANNEL SI ASPARA ANNO ATT TOTAL TO 18-9-

STATE OF MARYLAND							
DEPARTMENT OF HEALTH AND MENTAL HYGIENE							
CERTIFICATE OF DEATH							

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

1	1-	FOR STATE REGISTRAR		DEPARTA		EALTH AND MENTAL	HYGIENE 8	REG. NO.	7 5	0 3
		CEASED NAME THE ORPRINT	ollis EUX, //	OHUS (SER	AST Rougeux	2a. DATE O	FDEATH MONTH	7/87	(3/Am)
	3. SE	MALE	Whi	te	5. DATE O	ЫВ ВІКТН 24, 1906 ЧЕАК	6 AGE (IN	8/ YEARS LAST BIRTHDAY	MONTHS DAYS	HOURS MIN.
5	F	RTHPLACE (STATE OR FOREIGN COUNTRY) Pennsylvania	US		MARRIE			DRECITY OR COUNTY	2 FOR	MD.
2	F	GUSTON OF DEATH	FAUS:	H FACILITY, GIVE STREET	JERA	CHOSPUTA	(TYPE OF WO	OCCUPATION RK FOR MOST OF WORKING LENANCE .	LIFE INDUSTRY	store
5	13a S	P. D. HIM		Abingdor	N	134. INSIDE CITY LIMIT	3194	ADDRESS / ZIP CO	21009	21.
2	14. FA	THER'S NAME FIRST John	WIDDIE	Rougeux		15 MOTHER'S MAIDER FIRST Eller	1	MIDDLE	Coudrie	
1		VAS DECEASED EVER IN U.S. AR VES, NO OR UNKNOWN) (1F YES, GIT NO	MED FORCES?	205-18-2		Doris E. C	Cochran,	ADDRESS Md. 3144 Abing	21009 gdon Rd,	Abingdon
		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE IMMEDIA	nly one couse per D BY: TE CAUSE (a)	ELECTRO	dicut DML	CHNICAL		^		CIMATE INTERVAL ONSET AND DEATH
	1	Conditions, if ony, which gave rise to immediate cause (o), stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF								
	NOI	PART 2. OTHER SIGNIFICANT (DR AT	FD I	DUE	DENAL	TERMINAL DISEAS	E OR CONDITION C	SIVEN IN PART 1	a,
2	CERTIFICATION	190 DATE OF OPERATION	PERFO	PATED O		N WAS PERFORMED	162	NO IN CER	YES, WERE FINDIO TIFYING CAUSES YES [
1	MEDICAL CE	21a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE.	HOUR A	M MONTH DA	Y YEAR		CCURRED (EMIER N.	NTURE OF INJURY IN ITEM 1	8 PART I ORPART 2)	
	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE ((AT HOME, STR	OF INJURY BET, FACTORY, OFFICE, FA	ARM, ETC.)	211 LOCATION STREET		CITY OR TOWN	COUNTY	STATE
		22a.1 certify that (1) (this haspi sow the deceased alive on abave, (1) (we) (did) (did no	61	10 V	E 6	nd that in (my) (aur) api	inion death accurre	ed on the date and h	,	that (I) (we) last causes stated
	Ž,	22b. SIGNATURE R		xan		DEGREE ATTENDIN PHYSICIA		STAFF PHYSICIAN	22c DATE	SIGNED
/		PHYSICIAN'S NAME (TYPE OF	BE	YAR		6607	Bonhie	Ridge	DL.	Baltinon
		URIAL, CREMATION, REMOVAL	73b DATE	1007 Fai	TAME OF C	EMETERY OF CREMATO	ORY 23d LOC	ATION ORTOWN	Clearfie	eld = Pa

DHMH - 16 60M 7/B4 (VRA 15, 4)

Howard K. McComas III, Abingaon, Md. 21009

AS THE STATE OF THE PROPERTY O ELECTIVE METHOD DONES IN SUT DIE Principle Miremona Decale APRILLY STORE THE HAVE THE PROPERTY. SPEED TENEDED HEROTECH TRICE A PARTIES AND THE PARTY OF THE PROPERTY OF THE PARTY OF T

Howard K. McComas III, Abingdon, Md. 21009

DHMH - 16 60M 7/84

(VRA 15, 4)

	98
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO MOSPITAL OR ATTENDED SPREADING PRESIDEAN The law requires that the death certificate be executed within 24 hours after death remining the president.
CORDS, 201	ow requires th
ISION OF VITAL RE	PHYSICIAN The lo
AIG	TO HOSPITAL OR ATTENDING PHYSICIAN intoined by the happitol or otherwing physicians.
	OF

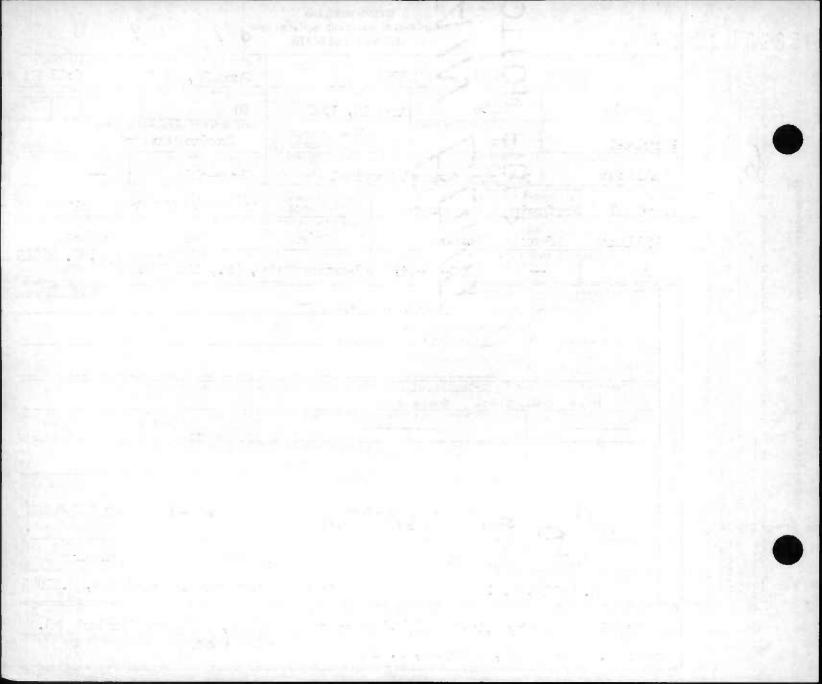
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES

250. DATURECD BY RECUERAR 256 REGISTRAR'S SIGNATURE

58281 JUL-	FOR 7STATE REGISTRAR	DEPA	RTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENES 7 PREG. NO.	7 5 0 5
o 6.5	1. DECEASED NAME FIRST (TYPE OR PRINT)	WIDDIE	LAST	2a. DATE OF DEATH MONTH	DAY YEAR 76 HOUR
ay be age 3 death	BETT		RUBY	June 29, 1987	
ge 4 most	Female	4 RACE White	June 19, 1927	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
Pog Pog	To. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTE	RY? 8. MARRIED X NEVER MARRIED	9 BALTIMORE CITY OR COUN	ITY OF DEATH
Jeoth Jeoth 72	Maryland	USA	WIDOWED DIVORCED	Hartord Col	inty MD.
Filed with	Fallston	11. NAME OF HOSPITAL, NUR (FNOT IN SUCH FACILITY, GIVE STI Fallston Gene	SING HOME OR OTHER INSTITUTION REET ADDRESS) ral Hospital	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING HOUSEWLE	126 KIND OF BUSINESS OR INDUSTRY
filled in bould be	USUAL RESIDENCE (IF NURSING HOME 130. STATE 13b CO Maryland Har	UNTY 13c. CITY OR TO	OWN 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CO	Road 21085
Jane / St	14 FATHER'S NAME FIRST	MIDDLE LAST	15 MOTHER'S MAIDEN N		G1- 1461
\$ 20°0		dward Warner	Lulla	Mae	Sheehan
Pages medica	160 WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES,	ARMED FORCES? 166 SOCIAL SE 220–18	-6410 Alexander Ru	by, Jr., 112 Hav	patowne,Md. 21085 verhill Road
that the atending physicial activities of the atending physicial of the atending, or removal in other traumatic event, the		only one couse per line for (a), (b), SED BY: (ATE CAUSE (a) CA DUE TO, OR AS A CONSEC (b) SEVE DUE TO, OR AS A CONSEC (c)	DUENCE OF RE ASCVD		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
signed hen pl to buri		T CONDITIONS CONTRIBUTING	O DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION	GIVEN IN PART 110
has been t permit. I tene prior	HIGH OF DATE OF OPERATION 710. ACCIDENT WAS UNDERLYING		CH OPERATION WAS PERFORMED		YES, WERE FINDINGS USED THEYING CAUSES OF DEATH? YES NO NO
physical all mans and Hyg	OR CONTRIBUTION TO CHURCOS	DEATH HOUR A.M. MONTH	DAY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM	IS PART I OR PART 2)
the burn	OR CONTRIBUTING CASE OF LIFE EITHER NOTIFY MEDICAL EXAMI	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI	211. LOCATION	CITY OR TOWN	COUNTY STATE
TOR. Aft	22a. I certify that (1) this ha	spital) attended the deceased fra	7 - 5 - 85 19 9 2 87 , and that in (our) apinion	to 6 - 29	. 19.62 , that (1)(we) lost
the has a DNEC enached to Dept.	22b. SIGNATURE	The MD	DEGREE	MEDICAL STAFF TO DIRECTOR PHYSICIAN	22c DATE SIGNED 6-30-87
outed by could be do the Short MPORTANT	22d. PHYSICIAN'S NAME (TYPE K. Tul		22e ADDRESS		patowne,Md.21085
1 85137	230. BURIAL, CREMATION, REMOV.	AL 73b. DATE 2	A. NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY
P	Burial	July 2,1987	Highview Memorial G	ardens, Fallston	Harford Md.
	24 FUNERAL DIRECTOR		25a. D	RECIDI BI REGULARAR 256 REG	ISTRAR'S SIGNATURE

Howard K. McComas III, Abingdon, Md. 21009

DHMH - 16 60M 7/84 (VRA 15, 4)



injury, ar ather traumatic event,

should be detached for use as the burial-transit permit. Then please remove carbon proving the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removing After this certificate has been

MPORTANT: If Item 21 is marked or Item 18 shows any

meral director

STATE	OF	MARYLAND	
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CERTIFICATE OF DEATH	YGIENE 8 / REG. NO.	7 5	0 6
LAST	20 DATE OF DEATH MONTH	DAY YEAR	26 HOUR
SANER	6/26/87 10	200	12 %
5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HI

118	FOR STATE REGISTRAR			DEPARTA		IEALTH AND MENTAL HYG	IENE 8 7	. 1 7	5	0 6
	CEASED NAME E OR PRINT) GEO	FIRST		H.	SAI	VER	6/26/87	MONTH DAY	YEAR	12 HOUR 70
3 SE	Male	Male White			5. DATE C		6 AGE (IN YEARS LAST BIR		UNDER I YEAR	HOURS MIN.
70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Pennsylvania 10. CITY OR TOWN OF DEATH 11. NAME OF			OSPITAL, NURSIN	MARRIED NEVER MARRIED			OR COUNTY O		MD. OF BUSINESS OR Concrete	
	AL RESIDENCE (IF NURSIN STATE II Maryland	ig HOME OR 136 COUN Bal		GIVE RESIDENCE BEFORE 134. CITY OR TOW KINGSVI	N _	13d. INSIDE CITY LIMITS?	134 STREET APORESS	zip cobe niper Ro	d. 21	087
J. F.	Harrison		MIDDLE	Saner		15. MOTHER'S MAIDEN NAME FIRST UNKNOW			LAS	л
	WAS DECEASED EVER IN YES, NO OR UNKNOWN)		MED FORCES? E WAR OR DATES)	166 SOCIAL SECU 185-09-4		Marie C. Dil	worth,Kings	sville,	Md. 21	87 Rd .
	18 CAUSE OF DEATH PART I. DEATH WA	SCAUSE	Ď BY: E CAUSE (¤)		ano	time an	rest		APPROXI	MATE INTERVAL ONSET AND DEATH
	Conditions, if ony, gove rise to imme couse (o), stating underlying couse	ediote the last.	(b) DUE TO, OI	R AS A CONSEQUE	NCE OF	Il vere Ch				
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH 196. CONDITION FOR WHICH OPER 196. CONDITION FOR WHICH OPER							104 AUTOPSY3 YES NO	IDITION GIVEN	VERE FINDS	NGS USED

19u DATE OF OPERATION	196. CONDITION FOR WHICH OPERATIO	70s AUTO	NO[]	IN IF YES, WERE FR IN CERTIFYING CAU YES	IN CERTIFYING CAUSES OF DEATH?	
\$18. ACCIDENT WAS UNDERLYING OF DEATH OF CONTRIBUTIONS OF DEATH OF STIME, NOTITY MEDICAL EXAMINERS	716 TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21: HOW INJURY OCCUR	RED (INTERN	KTHE OF MILE	IN INTERNIT PART I CHEAR	125
714 INJURY OCCURRED	716 PLACE OF INJURY 14T HOME STREET, FACTORY, OFFICE, FARM, ETC. I	ZH LOCATION		citracto		(68)
saw the deceased alive on above. (1) (we) (did) (did not v	ew the body after death.	nd that in (my) (our) apinion	deoth occurre	ed on the do	126 1087 ote and hour and Iron	the couses stated
77h SIGNATURE	0	DEGREE	,		22t. D	ATE SIGNED

MEDICAL STAFF
DIRECTOR PHYSICIAN 27e ADDRESS

22d. PHYSICIAN'S NAME (TYPE OR PRINT) Ford, Pallh MD 2000 M.D 23c. NAME OF CEMETERY OR CREMATORY Belair Memorial Gar. 23b. DATE

230. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial 6-29-1987 24. FUNERAL DIRECTOR E.F.Lässahn,11750BelairRd.Kingsville,Md,21087

Bel Air Harford

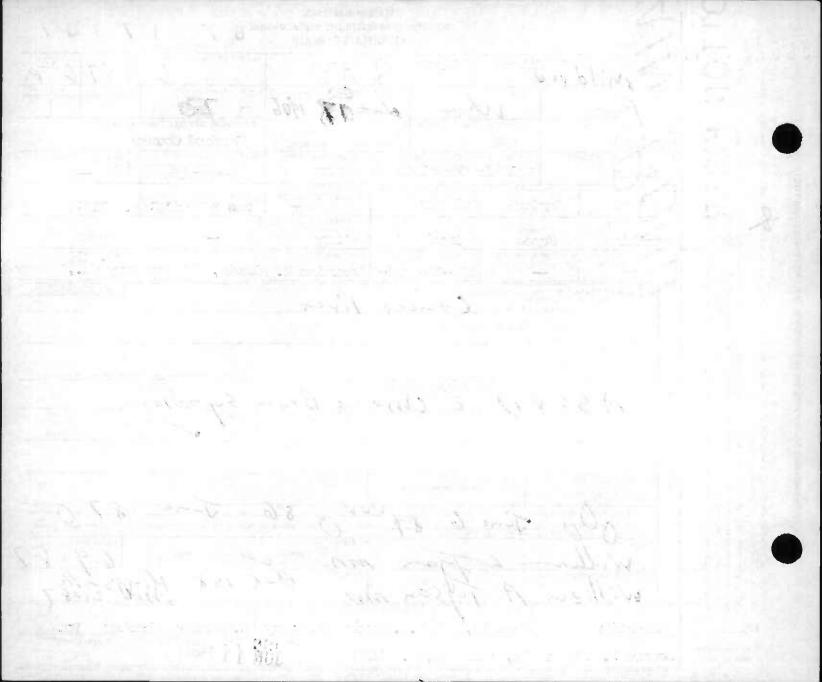
250. DATE REC'D. BY REGISTRAR 155 REGISTRAR 5 STON TON JUN 30 1987 Julia Dendur Contact

Md.

DHMH - 16 60M 7/84

(VRA 15, 4)

TO FUNERAL DIRECTOR:



OR ATTENDING PHYSICIAN: The law requires that the death certificate be exec

etained by the haspital ar attending physician.

TO HOSPITAL

BP.

058852

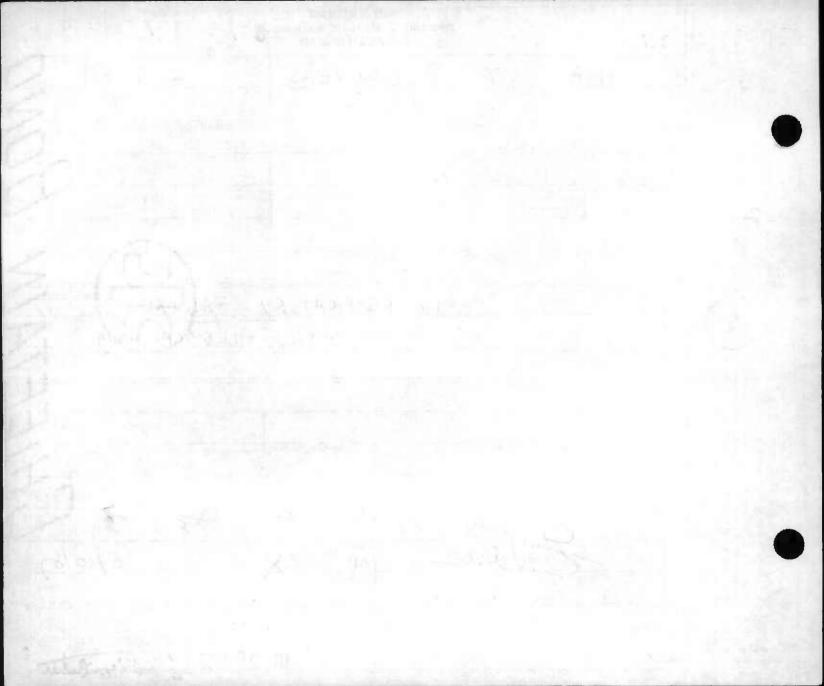
аде 4 тау be

STATE OF MARYLAND

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200	FOR STATE REGISTRAR	DEPARTI		ALTH AND MENTAL H CATE OF DEATH	YGIENE TREG. N	0.	0 0
(DECEASED NAME FIRST (TYPE OR PRINT)	MIDDLE Y	SA SA Is. DATE OF	WYERS	20 DATE OF DEATH	6 30	87 26 HOUR
3.			12	15 YEAR	45	MONTHS	DATS HOURS M
7	Female o. BIRTHPLACE STATE OR FOREIGN	White 7b CITIZEN OF WHAT COUNTRY?	0		DALTIMORE CITY C	YRS. P COUNTY OF DE	ATH
2	West Virginia	U.S.A.	MARRIED WIDOWED		Harford		
7	o city or town of death Aberdeen	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET 8 Defense Drive	ADDRESS)	OTHER INSTITUTION	(TYPE OF WORK FOR MOST OF Housewife	ION DE WORKING LIFE) INDI	KIND OF BUSINESS (USTRY
5	30 STATE 136 COL	prother institution give residence before the protocology of the proto	VN 11	3d. Inside City Limits? Yes 🕅 No 🗌	13e.STREET ADDRESS 8 Defense	ZIP CODE Drive 21	1001
57	A FATHER'S NAME	MIDDLE LAST	1	5. MOTHER'S MAIDEN I	MIDDLE	******	LAST
1/	Henry	Thomas	IDITY NICE	Gladys	ADDR	UNK	
116	60 WAS DECEASED EVER IN U.S. A (YES NO OR UNKNOWN) (IF YES, C)	IRMED FORCES? 166 SOCIAL SECU-		Edward Saw		Same as al	hove
/=		only one cause per line lor (a), (b), on		Edward Saw	yers, or		APPROXIMATE INTERVAL ETWEEN ONSET AND DEA'
5	underlying cause lost	DUE TO, OR AS A CONSEQUE		OI BELATED TO THE TE	DAAINAI DISEASE OB COX	DITION GIVEN IN P	PART 1 In
	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT N		RMINAL DISEASE OR CON	20b IF YES, WERE	
9	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT N	WAS PERFORMED	200 AUTOPSY?	206 IF YES, WERE IN CERTIFYING C YES	FINDINGS USED AUSES OF DEATH?
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DHMH - 16 60M 7/B (VRA 15, 4)



ed in by the funeral director, page 3 to be filed within 72 hours ofter death

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STATE OF MARYLAND

	FOR			DEPAR		EALTH AND MENTAL HY	BIENE	1	7 5	0 .	1
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RTIF							YES) NO[X]	YES [NO 🗆
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	220.1 certify that (1) sow the decease above, (1) (we) (c	ed alive on_	6-4	19	0-7	od that is my our) opinion	deoth occu	rred on the date	ond hour or	nd from the c	ha (I) (we) lost ouses stoted
	22b. SIGNATURE	luce	inti	-0	21		MEDICA DIRECTO	AL STAFF OR PHYSICIA	IN C	6/6	SIGNED 7
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23o. I	BURIAL, CREMATION,		23b DATE			EMETERY OR CREMATORY		CATION ITY OR TOWN		OUNTY	STATE
	BURIAL		8 JUNE	1987	ANGEL HI	LL CEMETERY	HA	VRE de GR	ACE, HA	RFORD C	O., MD.

DHMH - 16 60M 7/84

(VRA 15, 4)

TO FUNERAL DIRECTOR, After this certificate has been signed by the ottending physicion should be detached for use as the burial-transit permit. Then please remove carbonpapers. P with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

etoined by the hospital or attending physician.

BP.

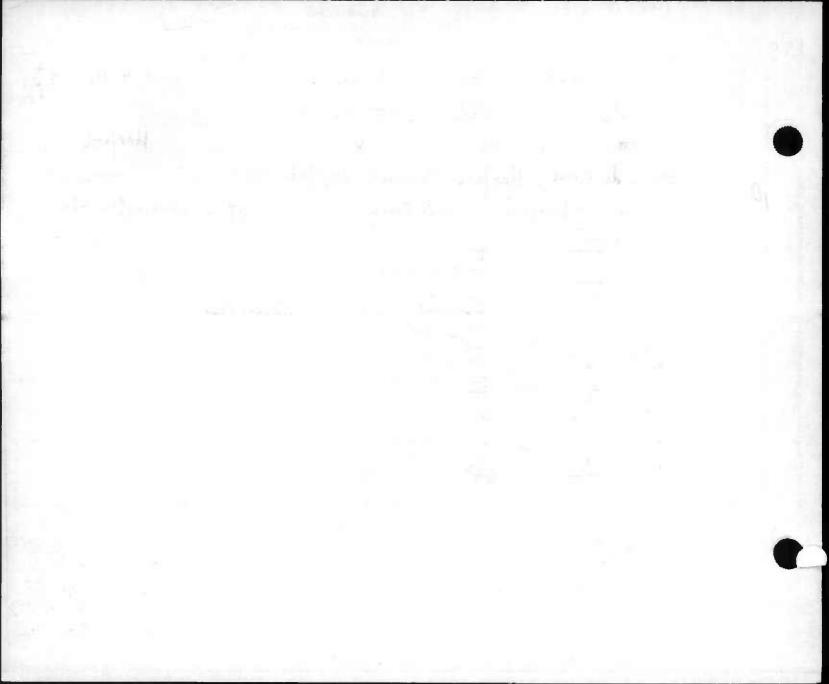
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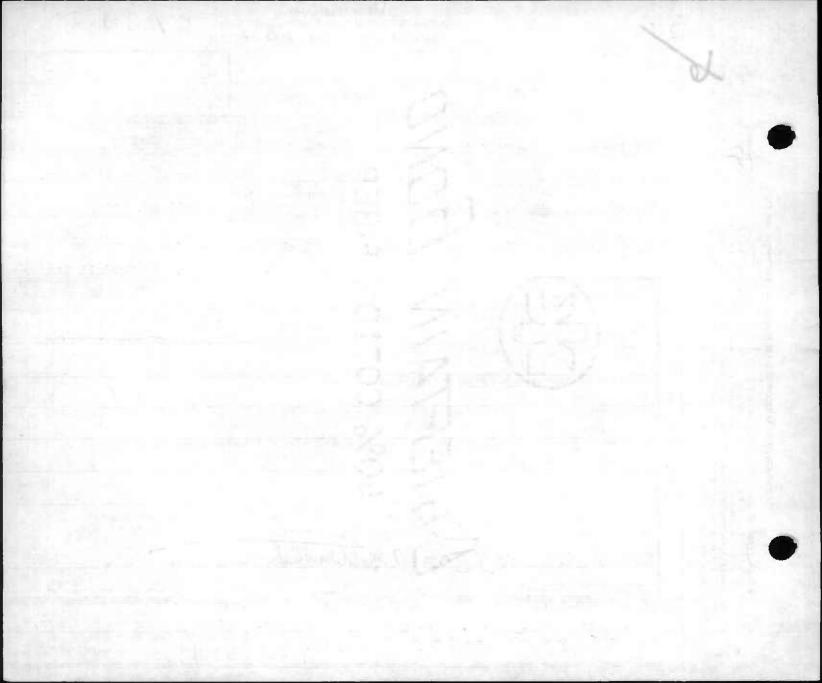
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24 FUNERAL DIRECTOR

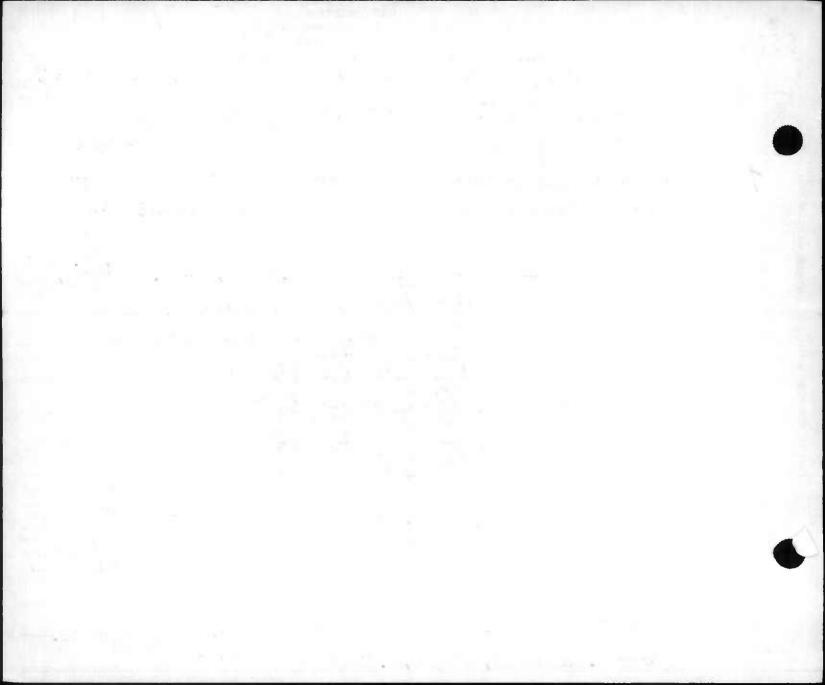
MITCHELL FUNERAL HOME PA, HAVRE de GRACE, MO.

250 DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE





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Page 4 may director page hours after de	3 SE	Finale	grace white	,	5 DATE O	F BIRTH DAY 1909	6 AGE LIN YEARS LAST B	YRS	IF UNDER 1 YEAR	IF UNDER 14 HRS HOURS MIN.
death. Pe	K	RTHPLACE (STATE OR FOREIGN COUNTRY) ENTUCKY	76 CITIZEN OF W		WIDOWE		BALTIMORE CITY		Harford	
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e ca E	(VAS DECEASED EVER IN U.S. AR (ES, NO OR UNKNOWN) (IF YES, GIV	CORTAGORA WAS	66 SOCIAL SECUI 329-01.		Franklin B.S.	immons, 30-	F E. E	een, Md elAir A	ve.
th ce tificate mains physici carbon pape: or removal.		18 CAUSE OF DEATH LEnter or PART I. DEATH WAS CAUSE IMMEDIA' Conditions, if ony, which	TE CAUSE (a)	AS A CONSEQUE	rogo	theirselers	Tre Carlin	How	APPROXIM BETWEEN OF	NATE INTERVAL NSET AND DEATH
es that the ted by the place cen orral, cree c. okother ti		gave rise to immediate cause (a), stating the underlying cause lost. PART & OTHER SIGNIFICANT ((c)	AS A CONSEQUE	Di	Lisease Abelo held NOT RELATED TO THE TERM	III DISEASE OR COL	NDITION GIV	EN IN PART 1ra	
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G PHYSICIAN: T intending physici re this certificate the burief inanci and Mental Hygi ked gr Ilem, 18 sh	MEDICAL CE	210. ACCIDENT WAS UNDERLYING ON CONTRIBUTING AUSE OF DE. (IF EITHER, NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AU ORK	P.M.	. MONTH DA	19	211. HOW INJURY OCCURI	RED (ENTER NATURE OF IN)		COUNTY	STATE
L OR ATTENDING the hospital or a DIRECTOR. After trached for use on a Dept. of Health If Nem 21 is mark		220 certify that (1) (this hosp saw the deceased alive an above, (1) (we) (did) (did no 22b. SIGNATURE				d that in (my) (aur) opinion DEGREE	MEDICAL _ ST	AFF _	/	
O HOSPITAL TO FUNERAL TO FUNERAL with the State WAFORTANT:		22d. PHYSICIAN'S NAME (TYPE C	OR PRINT)	50-		PHYSICIAN E	DIRECTOR PHYS	ICIAN 📗	10/2	010 1
BP	230 6	Burial, CREMATION, REMOVAL	23h DATE June 25,1			METERY OR CREMATORY Christian Ce	23d. LOCATION CITY OR TOWN	ona u	county	STATE
DHMH - 16 60M 7/84 (VRA 15, 4)	24 F	INERAL DIRECTOR Howard K. McCor	mas III,	ADDRESS		250 DAT	metery Jo ERECD BY REGISTRA UN 24 1987	Hi REGIST	RART ELENATU	Randwelle



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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ond ond		Harry		Skillman		Lottie		Frasch
ond co		VAS DECEASED EVER IN	U.S. ARMED FORCES		URITY NO.	17. INFORMANT	ADDRESS M	d. 21085
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ned plen		PART 2. OTHER SIGNIFI	CANT CONDITIONS	CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION	GIVEN IN PART 110
The The right	O		Aut A	eI				
111	CERTIFICATION	190 DATE OF OPERATIO	N 196 CON	NDITION FOR WHICH	H OPERATIO	N WAS PERFORMED		F YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH
287	TIF						YES NO	YES NO
Hydron Hy		210. ACCIDENT WAS UNDERL	110110	OF INJURY A.M. MONTH D	AY YEAR	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN ITE	M 18 PART 1 OR PART 2)
0 111	CAL	OR CONTRIBUTING CAU	SE OF BEATH	P.M.	19			
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A Paris		22a.1 certify that (I) (th			300	NE 19 8	F , to 450N	
2 4 4		sow the deceased obove. (1) (we) (did)	(did not) view the bo	dy ofter death	8 +, or	d that in (my) (our) opinio	n death accurred on the date and	hour and from the causes stat
February Per		226. SIGNATURE	P .	dy driet dediti.		DEGREE		22c. DATE SIGNED
TARE D		Miny	Muaer	>		ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	UNE
		22d PHYSICIAN'S NAM	(TYPE OR PRINT)			122- ADDDECC		
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DHMH - 16 60M 7/84 (VRA 15, 4)

Burial

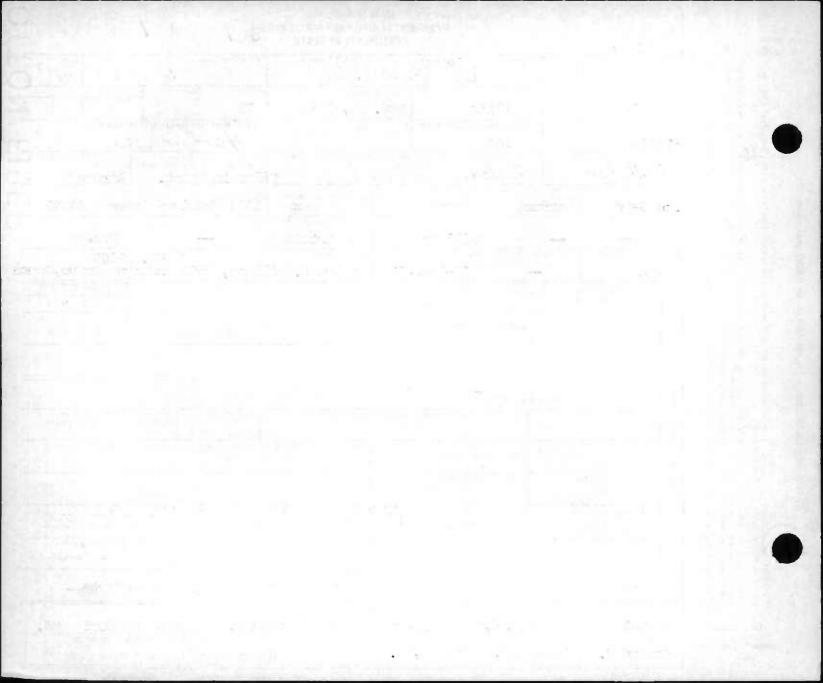
Md.

24 FUNERAL DIRECTOR Howard K. McComas III, Abingdon, Md. 21009

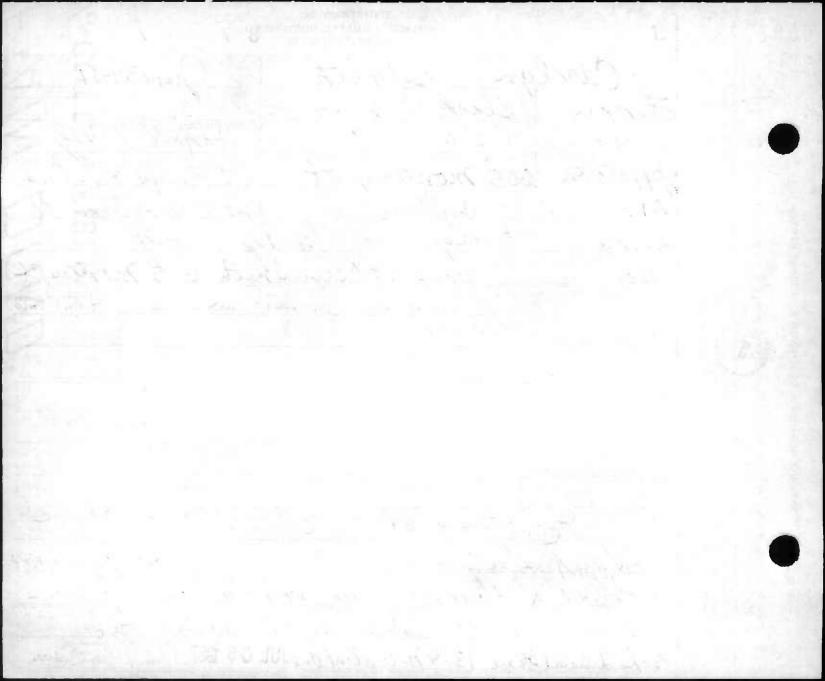
June 6,1987 Highview Memorial Gardens, Fallston Harford
| 1250. DATE REC'D. BY REGISTRAR' 256. REGISTRAR'S SIGNATURE

JUN8

Julia Dividson Randards



DHMH - 16 50M 1/76 (VR A 15 (4)) STATE OF MARYLAND



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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

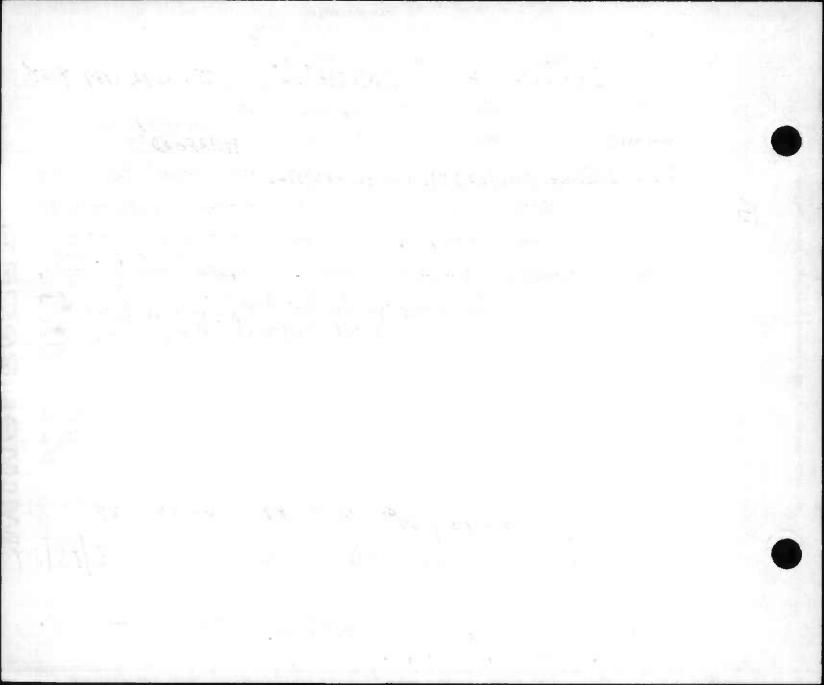
JUN		FOR STATE REGISTRAR			DEPARTM		EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO	7 5	
d of pice.	3 SE)		ORE:GN)	RACE Whit Th. CITIZEN OF USA	WHAT COUNTRY?	5 DATE O June 8. MARRIED WIDOWE	24, DAY 1941 YEAR DEVER MARRIED	20 DATE OF DEATH Tu 6. AGE (IN YEARS LAST BIR 45	MONTH DAY YEAR VE / 2 / 98 IHDAY) IF UNDER LYE MONTHS DAY YRS R COUNTY OF DEATH	S HOURS MIN.
be notifie	050	AVAF Le GA AL RESIDENCE IN NURSI STATE	PACE ING HOME OR	HARFO	H FACILITY, GIVE STREET AND MEN	ADDRESS) ADMISSION	+L HOSPITAL	Truck Dri	ver Armo	
er musi	Ma	ryland	Harto	ord	Street	N	134 INSIDE CITY LIMITS? YES NOTHER'S MAIDEN NA		s Castle Co	urt 21154
Security Company	19. 64	Charles	Her	iry	Smith, S	r.	Lorraine	Catheri	ne Fied	ler
medicol		VAS DECEASED EVER YES, NO OR UNKNOWN) Yes	IN U.S. ARA (1F YES, GIVE Peace	WAR OR DATES)	166 SOCIAL SECU 218-38-3		Steven M.Har		eenbelt,Md. herrywood T	
any injury, or ather troumatic e	CATION	Conditions, if any, gave rise to imm couse (o), statin underlying cause PART 2 OTHER SIGN 190 DATE OF OPERAL	nediate g the last. NIFICANT C	DUE TO, O		ENCE OF	NOT RELATED TO THE TERM	INAL DISEASE OR CON	20b. IF YES, WERE FIN	DINGS USED
em 18 shows	AL CERTIFICATION	210. ACCIDENT WAS UND OR CONTRIBUTING C	AUSE OF DEA	191	FINJURY M. MONTH DA	AY YEAR	21c HOW INJURY OCCUR	YES NO	IN CERTIFYING CAUS YES THE STATE OF PART I OR PART	NO 🗌
rked or h	MEDICAL	21d. INJURY OCCURE	RED	21e PLACE			21f LOCATION STREET	CITY OR TO	OUNTY COUNTY	STATE
IT: If Item 21 is ma		22a. I certify that (I) sow the deceose obove, (I) (we) (a 22b. SIGNATURE	ed olive on.	6 -	12 119 8	/	19 de thot in (my) (our) opinion DEGREE ATTENDING PHYSICIAN	, 10 deoth occurred on the di	ote and hour and from 1	-, that (I) (we) last the couses stated (TESIGNED)
MPORTANT: IF		22d. PHYSICIAN'S NA			0		22e ADDRESS			
_		BURIAL, CREMATION, (SPECIFY) Burial	REMOVAL	June 1	6, 1987 r	NAME OF C	EMETERY OR CREMATORY Gardens y Valley Mem.	Baltimo	re COUNTY	Md.ªE

DHMH - 16 60M 7/84

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physic should be detached for use as the burial-transit permit. Then please remove carbanpape with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

(VRA 15, 4)

Howard K. McComas III, Abingdon, Md. 21009

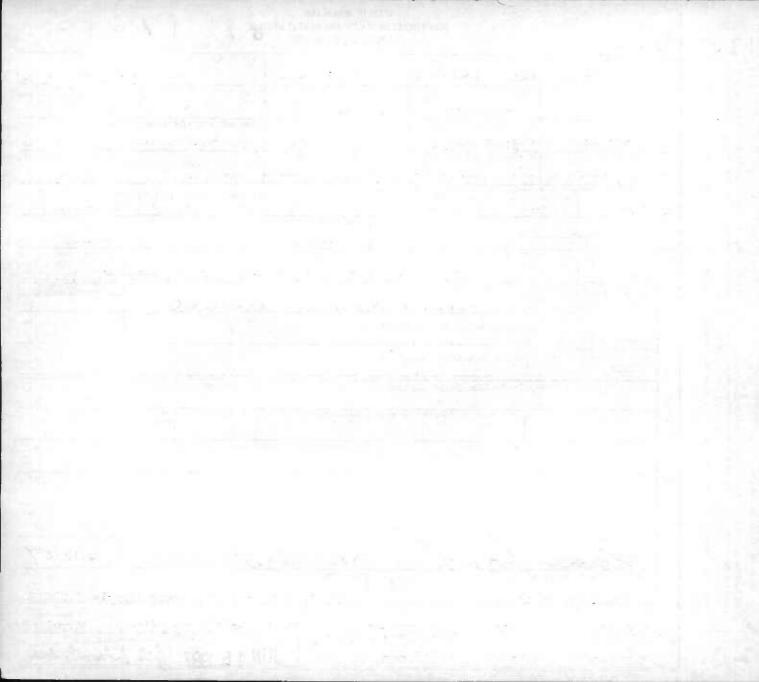


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- 1	7a BI	RTHPLACE (STATE OR	FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRI	ED 9.	BALTIMORE CITY	OR COUNTY	OF DEATH	
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-	10 CI	ITY OR TOWN OF DE	ATH		HOSPITAL, NURSIN H FACILITY, GIVE STREET		OR OTHER INSTITUTI	ON 12	2a. USUAL OCCUPAT TYPE OF WORK FOR MOST			F BUSINESS OR
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	13a. S	AÈ RESIDENCE (IF NUR! STATE	13b. COUN	OTHER INSTITUTION, ITY	13c. CITY OR TOW		13d. INSIDE CITY LI		BE.STREET ADDRESS			21085
ruff)		yland	Harfo	ord	Joppa		YES NO	ST F	514 D Harb	orside	Dr. Jo	OM, sqqc
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7	CERTIFICATION	19a. DATE OF OPERA	TION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED)	20a AUTOPSY?		, WERE FINDIN	
7	IF								YES NO		YING CAUSES	NO [
7	CER	210. ACCIDENT WAS UN		21b. TIME O	FINJURY M. MONTH D.	AV VEAD	21c. HOW INJURY	OCCURRED	ENTER NATURE OF INJ	URY IN ITEM 18 P	ART 1 OR PART 2)	
1	¥	OR CONTRIBUTING [19						
1	MEDICAL	21d INJURY OCCUR		21e. PLACE	OF INJURY	LARLA ETC.)	21f. LOCATION		CITY OR T	OWN	COUNTY	STATE
	Σ	AT WORK NOT W	DRK DRK	(ATTIOME, STA	RELI, FACTORI, OFFICE, I	ARM, ETC 3						
		22a. I certify that (1)			e deceosed from_		, 19		_, to			that (I) (we) last
) view the body	ofter deoth.	1	nd that in (my) (our)	opinion dec	oth occurred on the	dote and hou		
		226. SIGNATURE		1			DEGREE ATTEN	IDING	MEDICAL STA	AFF	22c. DATE	13/87
		the	air	7-2	01		PHYSI	ICIAN D	PHYS		41	1916
1		22d. PHYSICIAN'S N	AME (TYPE OF	RPRINT)			22e ADDRESS					
		Dr Fle								loppa, A	Marylan	d 21085
		BURIAL, CREMATION	, REMOVAL				EMETERY OR CREM		23d. LOCATION CITY OR TOWN	4.6	COUNTY	STATE
	_	UNERAL DIRECTOR		June 1			ount Crema		Baltimor REC'D. BY REGISTRA			Maryland
		244.414	lan Dasa	Alar- 7			w permig	111A	1 6 4007	A	Divider	
	Wa	alter Broo	ks bra	autea in	ic. Dalti	more,	Jar Argua	101	VKPI O I	Julia	In the come	" Carriera

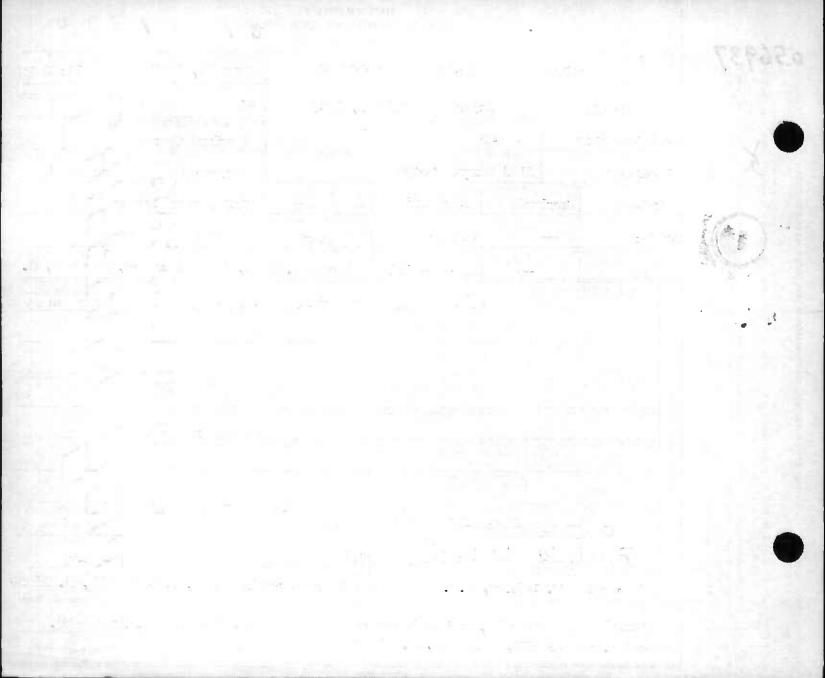
DHMH - 16 60M 7/84 (VRA 15, 4)

BP.



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME FIRST MIDDLE 2a. DATE OF DEATH MONTH 2b HOUR DELLA June 14, 1987 VANDERMARK GRACE 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) 3. SEX July 8, 1895 White Female TO BIRTHPLACE ISTATE OF FOREIGN 7h CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED West Virginia USA Harford County WIDOWED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION 12b. KIND OF BUSINESS OR 2103 Morgan Court TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Edgewood Restaurant Waitress USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Harford Edgewood 13e STREET ADDRESS / ZIP CODE 2103 Morgan Court 13d INSIDE CITY LIMITS? 21040 Maryland 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Ellen Lutman Bore Mathias Sarah 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT 21040 (YES, NO OR UNKNOWN) Roberta L. Combs, 1740 Judy Way, Edgewood, Md. 234-24-4631 no ŧ 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: m05 arcinom DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 70b. IF YES. WERE FINDINGS USED 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOT 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 211 LOCATION 21e. PLACE OF INJURY CITY OF TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a.1 certify that (1) (this haspital) attended the deceased from un May sow the deceased give on above. (1) we) (did) (did not) view the body after death and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22b. SIGNATURE DEGREE 22c. DATE SIGNED

MEDICAL ATTENDING STAFF 6-15-87 PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 2005 Rock Spring Road, Forest Hill, Md. 21050 Frederick W. Walker, M.D. 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY) Bel Air Memorial Gardens, Bel Air Md. June 18,1987 Harford Burial ISTRAR 256. REGISTRAR'S SIGNATURE Howard K. McComas III, Abingdon, Md. 21009 DHMH - 16 60M 7/84 (VRA 15, 4)



1						STAT	E OF MARYLAND		100	,
	1-	FOR STATE			DEPARTM		EALTH AND MENTAL HYG	TENE 7	5	1
	0 9	REGISTRAR				CERTIF	ICATE OF DEATH	REG. NO.	البالا	. (7
		CEASED NAME	FIRST		MIDDLE	ł	AST	20 DATE OF DEATH MONTH	DAY YEAR	2h HOUR
١	(1172	OK PRINTI	RITA	ANN	VAI	JGHAN		JUNE 8, 1987		2 A.M.
1	3. SEX			4. RACE		S. DATE O		6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS
1		Female		Whit	æ	Sept		56 YRS		HOURS MIN.
1		RTHPLACE (STATE OR	FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 MARRIE	DE NEVER MARRIED	9 BALTIMORE CITY OR COUN		
	Nor	th Caroli		USA		WIDOWE	D DIVORCED	Harford Coun	ty	MD
1		TY OR TOWN OF DEA	ATH	11. NAME OF I	HOSPITAL, NURSIN	G HOME (DR OTHER INSTITUTION	126. USUAL OCCUPATION		OF BUSINESS OR
4		rlington			cole Road			Housewife		
200	13a S	AL RESIDENCE (IF NURS	13b. COU		13c. CITY OR TOWN	N	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CO	DE	
		aryland	Harf	ord	Darling	ton	YES NOX	1814 Poole Road	d 210	134
1	I4 FA	THER'S NAME FIRST		MIDDLE	LAST		15. MOTHER'S MAIDEN NAM	WE	_ LA	ST
1		R.		tie	Richards		Jean		Gilî	iam
		/AS DECEASED EVER		WED FORCES?	16b. SOCIAL SECUI	RITY NO.	17. INFORMANT	ADDRESS Md.	21034	
		no			242-40-0	0549	William Vaug	han, 1814 Poole	Road Da	rlington
		18 CAUSE OF DEAT	H (Enter or	nly one couse per	ling for 191, (b), and		21	1		XIMATE INTERVAL ONSET AND DEATH
		PARTI. DEATH V		TE CAUSE (o)	CHU	SUSP	nimonar	1 WARRES	7	
6				DUE TO, O	R AS A CONSEQUE	HCE OF_	00 (0)			
-		Conditions, if any		(b)	DYCEY	135	CANCE	=YC		
		gove rise to important couse (a), statis	ng the	DUE TO, O	r as a conseque	NCE OF				
		underlying couse	e lost.	((c)						
	7	PART 2. OTHER SIG	NIFICANT	CONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION C	SIVEN IN PART 1	(0)
-	OF.							Territoria de la companya della companya de la companya della comp	TEC. LUEDE ST. ID.	
)	CERTIFICATION	19a. DATE OF OPERA	TION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	_ DN CER	TIFYING CAUSES	S OF DEATH?
1	RT	21g. ACCIDENT WAS UN	DERIVENCE F	7 21b. TIME O	E INTUIDY		Tal. HOW INDUSTRY OCCUPA	YES NO	YES	NO 🗌
		OR CONTRIBUTING	_		M. MONTH DA	Y YEAR	TIC HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM T	8 PARTIOR PART 2)	
1	MEDICAL	(IF EITHER, NOTIFY MED		R) P,		19	211 LOCATION			
	MEC	THE INJURY OCCUR	MED TO		BET FACTORY OFFICE FA	ARM, ETC.)	SHEET	CITY OR TOWN	COUNTY	STATE
	-	AT WORK W AT you	-		7	-	111 11	- / / 8	\ / /	- 2
		27n I certify that (1)	1 1	1	171/	17	nd that if (my) aur) opinion	death occurred on the date and h	our and from the	that (1) (we) lost
		Mb. SIGNATURE	did / dig no	of view the body	after death	1	DEGREE	acom occorred on the quie ond it		E SIGNED
		CO SIGNATURE	to.	1,0		/ "	ATTENIDING	MEDICAL STAFF		3-87
1		22d. PHYSICIAN'S N	AMP TYPE	OR PRINTI	\sim \times	- "	PHYSICIAN X	DIRECTOR PHYSICIAN	1 0-0	, 01
			1	rds, M.	D			Road, Fallston,	Md. 2104	17
		Jour 1						, , , , , , , , , , , , , , , , , , , ,		

should be detached for unit the State Dept. of H IMPORTANT: If Hem 21 is

DHMH - 16 60M 7/84 (VRA 15, 4)

23a. BURIAL, CREMAT ON, REMOVAL (SPECIFY) 73h DATE Burial June 10, 1987

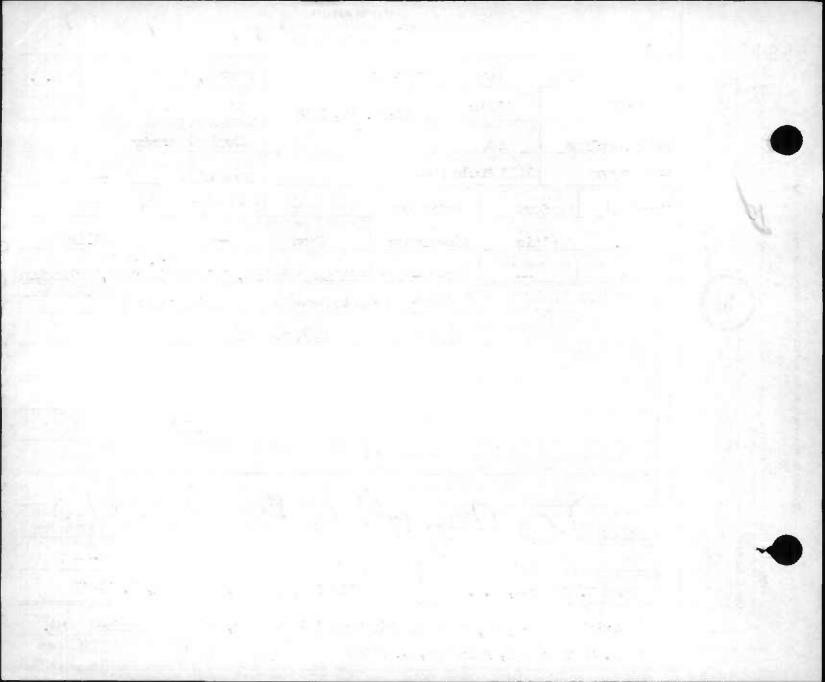
23c NAME OF CEMETERY OR CREMATORY

23d LOCATION
CITY OR TOWN
AS, Bel Air Bel Air Memorial Gardens,

Harford

Md.

24 FUNERAL DIRECTOR Howard K. McComas III, Abingdon, Md. 21009 JUN9 1987 Julia Dender Reader



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STATE OF MARYLAND	
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

111119	17	FOR STATE REGISTRAR			DEPARTN		EALTH AND MENTAL HY	GIENE 7	1 7	5 !	8
	(TYPE		FIRST		MARIE		AHL	2a. DATE OF DEATH	MONTH DAY	587	HOUR A
A M	3. SE	F		CAUC	White	5. DATE C	DAY YEAR	6. AGE (IN YEARS LAST BE	YRS.	NIHS DAYS H	OURS MIN.
O'Sace	Noi	RIHPLACE (STATE ORF	na	1/41	USA	WIDOWE			ORD		М
Se solifie	F	ALLSTON		FALL	STON GE	NEWER	CAL HOSP.	12g USUAL OCCUPAT (TYPE OF WORK FOR MOST) Housewi	OF WORKING LIFE)	12b. KIND OF E INDUSTRY	USINESS O
15	130. S Maj	ryland	Harf	Y	Joppa		13d. INSIDE CITY LIMITS? YES NO 🛣	130 STREET ADDRESS 1903 Shirl	/ ZIP CODE ey Aven	ue 21	L085
	14 FA	THER'S NAME FIRST	IKNOWN	DDLE	LAST		15 MOTHER'S MAIDEN N.	WIDDLE		LAST	
e medical	0	VAS DECEASED EVER ES, NO OR UNKNOWN) 10		ED FORCES WAR OR DATES)			Joyce Chand	er, 1903 Sh	2108	ve, Jor	opa,Md
event, the		PART I. DEATH W	AS CAUSED	BY:	er line for (a), (b), and		UMONAMY	APLET		APPROXIMA BETWEEN ONS	
jury, or ather traumatic	NO	Conditions, if ony, gove rise to imm couse (o), stating underlying couse	nediate g the lost.	DUE TO,	OR AS A CONSCOUE	NCE OF	OWNER TO THE TER.			IN PART 110	つ [,]
ows ony in	CERTIFICATION	19a DATE OF OPERAT	ION	19b CON	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, W IN CERTIFYIN YES [VERE FINDINGS	S USED DEATH?
tem 18 sha		210. ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER NOTIFY MEDIC	AUSE OF DEATH	HOUR	OF INJURY A.M. MONTH DA P.M.	Y YEAR	21c HOW INJURY OCCUI	RRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART	OR PART 2)	
arked or It	MEDICAL	71d INJURY OCCURR WHILE NOT WH AT WORK AT WOR	ILE 🗍		E OF INJURY STREET, FACTORY, OFFICE, FA	.RM, ETC)	211 LOCATION STREET	CITY OR TO	OWN	COUNTY	STATE
m 21 is mo		22a I certify that (1) sow the decease above, (1) (we) (d					. 19	death occurred on the d	ote and hour ar	nd from the cou	
NT: If Item		22d. PHYSICIAN'S NA		Ml	Uls		DEGREE ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN []	22c. DATE SIC	6-87
IMPORTANT: If		BARIN	A.	MOH	HLM.D		2003 RO	KSPRINA	- Are	FORUT	-HILL 1090
	{	URIAL, CREMATION, I SPECIFY) Burial INERAL DIRECTOR		236. DATE June 8			n Cemetery	23d LOCATION CITY OR TOWN Baltimor	e' -	OUNTY	STATE Md.
M 7/84 4)		ward K. Mc	cComas	III.	ABingdon -	Md. 2		THREC'D. BY REDISTRAN	256. REGISTRA	RS SIGNATUR	Dr. Williams

DHMH - 16 60M 7/84 (VRA 15, 4)

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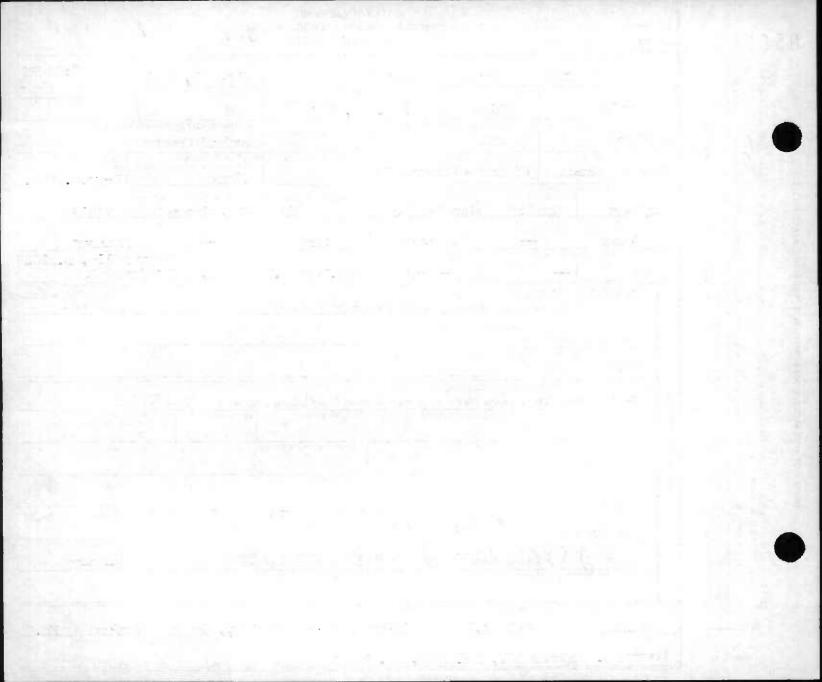
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	FOR STATE REGISTRAR	DEPAR		HEALTH AND MENTAL HYG	iene 7	1 7 5	9
-	1. DECEASED NAME FIRST	MIDDLE		IAST		MONTH DAY YEA	
1	(TYPE OR PRINT)	NORA W	VALTMAN	1	June 29,	1987	7:20 PM
	3. SEX	4. RACE	5. DATE O	OF BIRTH	6 AGE (IN YEARS LAST BIR	THDAY} IF UNDER 1 Y	
	Female	White	Dec.	27, 1892 YEAR	94	YRS.	AYS HOURS MIN.
col .	To. BIRTHPLACE STATE OF FOREIGN	76. CITIZEN OF WHAT COUNTRY	/2 8		9 BALTIMORE CITY O		Н
	Maryland	USA	WIDOW	D NEVER MARRIED DIVORCED	Harford Co	ounty	MD
1	10 CITY OR TOWN OF DEATH Havre de Grace	11. NAME OF HOSPITAL, NURS CITIZENS NURSI	ING HOME	OR OTHER INSTITUTION	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF CLerk	ON 126. KIN F WORKING LIFE) INDUST	ND OF BUSINESS OR TRY
400	USUAL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION, GIVE RESIDENCE BEFO	ORE ADMISSION)				ovt. Ret.
-	136. STATE 136 CO			136. INSIDE CITY LIMITS?	13e.STREET ADDRESS /		000
4	Maryland Ha	arford Churchvi	TTE	YES NO NO NA	407 Calvar	y Road 21	028
	FIRST	MIDDLE LAST Walst	- 2/7 700	FIRST	WIDDLE	Andor	LAST
4	Peter 160 WAS DECEASED EVER IN U.S.			Mary 17. INFORMANT	ADDRE	Ander	
		GIVE WAR OR DATES) 220-20-		Mrs.Vera C.A	kehurst 40	Churchvill	e,Ma.21028
				THE VELU C.A	Reliarse, 40		PROXIMATE INTERVAL
		only one couse per line for (a), (b), (SED BY:	le alli	hew disea	il		YRS
	IMMED	TATE CAUSE (0)	ow pe	That works		- 3	7.45
	C to a training	DUE TO, OR AS A CONSEO	UENCE OF				
	Conditions, if any, which gave rise to immediate	(b)					
	couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQ	UENCE OF				
	DART 2 OTHER CICALIERCAN	It.CONDITIONS CONTRIBUTING TO	O DE ATH BUIL	NOT BELATED TO THE TERM	INIAI DISEASE OR CONI	DITION CIVEN IN PAR	OT lane
		lung destale .	2 020 0-12	0 0	levisis (2)	estretes	1110
	Obotyvatual 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHIC	H OPERATIO		200 AUTOPSY?	206 IF YES, WERE FIN	NDINGS USED
	프				YES T NOT	IN CERTIFYING CAU	USES OF DEATH?
_	210. ACCIDENT WAS UNDERLYING	716. TIME OF INJURY		21c. HOW INJURY OCCURE			
		DEATH HOUR A.M. MONTH					
	OR CONTRIBUTING CAUSE OF THE EITHER NOTIFY MEDICAL EXAMI	P.M. 21e PLACE OF INJURY	19	21f LOCATION			
	WHILE NOT WHILE	(AT HOME STREET, FACTORY, OFFIC	E, FARM, ETC. }	STREET	CITY OR TO	WN COUNTY	Y STATE
	AT WORK — AT WORK	ospital) attended the deceased from	. 6	-1/2 10 75	6 -	29 19 07	, that (I) (we) lost
		on 6 - 2 9 19	(>>	nd that in (my) (out) opinion	death occurred on the de		
	above, (1) (we) (did) (did	nat) view the body after death.		DEGREE		22c. D	ATE SIGNED
	3)(Elizabett V	m	ATTENDING PHYSICIAN &	MEDICAL STAI	FF GLAND	80-87
	22d PHYSICIAN'S NAME (TY	PE OR PRINT)		22e. ADDRESS	J DIRECTOR PHI 310	.IAN	0-67
-	23a. BURIAL, CREMATION, REMOV	AL 23b. DATE 23	NAME OF	EMETERY OR CREMATORY	23d LOCATION		
	(SPECIFY) Burial				CITY OR TOWN	COUNTY	STATE Mal
	24. FUNERAL DIRECTOR	10ULY 3,1301	TTTTTC	y Lutheran Cem	E REC'D. BY REGISTRAR	pa Harfor 25b. REGISTRAR'S SIG	
	Howard K. McCor	mas III, Abingdor	Md c			. w was easy	
	- Italia	THE THE PULLINGUE	Ly L'ALO	21007	0 1 1987	· we even the con and	/ 1

DHMH - 16 60M 7/84 (VRA 15, 4)

IMPORTANT: If Item 21 is

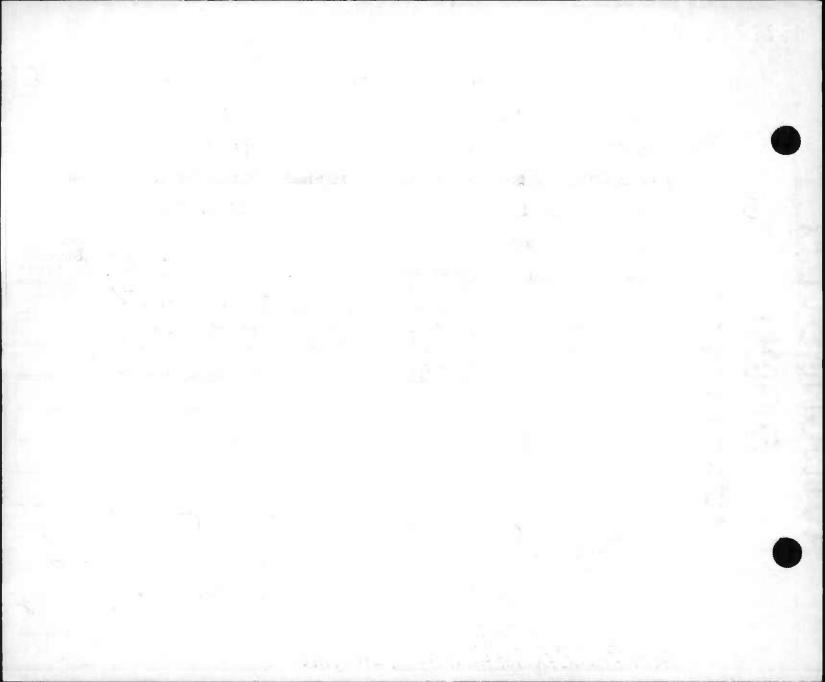


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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

7		 7	5	2	
	REG. NO.				

057077 Jun	10-	FOR STATE REGISTRAR	DE	PARTMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	REG. NO.	7 5 2 0
00 teres		CEASED NAME FIRST	MIDDLE	ŁAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
a char	(1177)	Samul	0	white.	6	12 87 12
2 00	3. SE		4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
* £5	2	male	white	8 30 1890	9 87 YRS	MONTHS DAYS HOURS MIN.
Pog Pog		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COU	NITRY2 II	D BALTIMORE CITY OR COUNT	
\$ EX 15/		arvland	TISA	MARRIED NEVER MARRIED		MD
1 11		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N	URSING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	126 KIND OF BUSINESS OR
201 100 mg	14	ure de graci	Harford M	emorial Kosnital	Parts Dept.	Auto
2 2 2	13a S	AL RESIDENCE	ITY 13c. CITY O		13e STREET ADDRESS / ZIP CO	
A STREET		ryland Ced	eil Risi	ng Sun YES 🗓 NO 🗆	28 W. Cherr	y 21911
THE STATE OF	14.5	THER'S NAME	MIDDLE LA	15 MOTHER'S MAIDEN	NAME	LAST
W W				ite Etta	Jane	Morrison
8		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIA	L SECURITY NO. 17 INFORMANT	2480REWS. (Cherry Street
be exe on ond s. Poges	1	no n/		07-8803 Hilda E.	Wettig Rising	Sun, MD 21911
BALTIMORE, MARYLAND 2120 cote be executed with 124 hours ysicion and registrated the reports. Opers. Poges 1 and 22		18 CAUSE OF DEATH (Enter on PART I, DEATH WAS CAUSE	ly one cause per line for tal	the option	1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
÷ + + 6 0 0 0			D BY: E CAUSE (0)	Redrespera	tores. all	1
N Cert		MMEDIAI	DUETO, ORAS A COM	Province of	1	
deoth deoth attend attend ave co		Conditions, if any, which	the	elile lung	sencer with	
PR de		gave rise to immediate couse (a), stating the	0,000		SRILL WIT	testeria
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST NG PHYSICIAN: The low requires that the death certi- after this certificate has been signed by the attending p os the burial-transit permit. Then please remove corbon th and Mental Hygiene prior to burial, cremation, or ren orked or Item 18 shows any injury, ar other troumotic ev		underlying cause last	DUE TO, OR AS A COM	SEQUENCE OF SEARCH. CB.	direct dis	
201 ned pled unall		PART 2 OTHER SIGNIFICANT O	ONDITIONS CONTRIBUTION	IG TO DEATH BUT NOT RELATED TO THE TI	FRMINAL DISEASE OR CONDITION O	IVEN IN PART 115
equir quir sign Then to b	Z					
Boer mit prior	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATION WAS PERFORMED	200 AUTOPSY? 206. IF Y	ES, WERE FINDINGS USED
L REC	FEC					TIFYING CAUSES OF DEATH?
VITA NN: Th hysicio icate h ransit Hygie	ERT	210. ACCIDENT WAS UNDERLYING	216 TIME OF INJURY	21c. HOW INJURY OCC	URRED (ENTER NATURE OF INJURY IN ITEM 1:	
JOF VITA SICIAN: Ting physicing gentificate rial-transitental Hygi		OR CONTRIBUTING CAUSE OF DEA		H DAY YEAR		
PHYSICIAN: ending physic this certifica the burial-tran ad Mental Hy dor frem 18	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER	P.M.	19 21f. LOCATION		
IISIC	ME	WHEE TO MOT WHILE TO	(AT HOME STREET, FACTORY,		CITY OR TOWN	COUNTY STATE
DIVISION or attenda After this e os the bu		270 I certify that (I) (this hospi		1 / 5/25 10	6.7 . /2//2	3 47
N Solution Solution		now the deceased olive on	1. /	De-p	on death occurred annihe date and h	our and from the causes stated
R ATT hospii RECTO hed fo ept. of frem 2 i		above (News/seld) idid no	ti view the body after death	DEGREE		IN DATE SIGNED
0 = 0 0 0		XX /X/	X,	ATTENDING	S MEDICAL _ STAFF _	10/10/10
HOSPITAL O	1	THE PHYSIEIUN STNAME (TYPE)	17/1-	PHYSICIAN 27e ADDRESS	DIRECTOR PHYSICIAN	112/09
HOSPITA HOSPITA DE LA POSPITA POUIDE DE LA POSPITA NE STORMENTA NE STO	i i	JAME (TIPE)			1 4 1	6 Bee-
TO HOSPITAL retained by the TO FUNERAL I should be detained the State I IMPORTANT: H		VHMAK	BWA M.1.	2. / /	on Bul. The	your of waser
F 2 7 8 7 E	23o. l	URIAL, CREMATION, REMOVAL	23b DATE	230 NAME OF CEMETERY OR CREMATO	CITY OF LOWN	County of 210/0
BP	_	Burial	6-15-87	Brookview	Rising Sun	Cecil MD
DHMH - 16 60M 7/84	24 F	INERAL DIRECTOR Part 7	Goodie 10	DRDs 250	DATE REC'D. BY REGISTRAR 256 REGI	ISTRAR'S SIGNATURE
(VRA 15, 4)	CK	TFound for	in You Hornort	ising Sun. Md J	NA 1 R ROL	



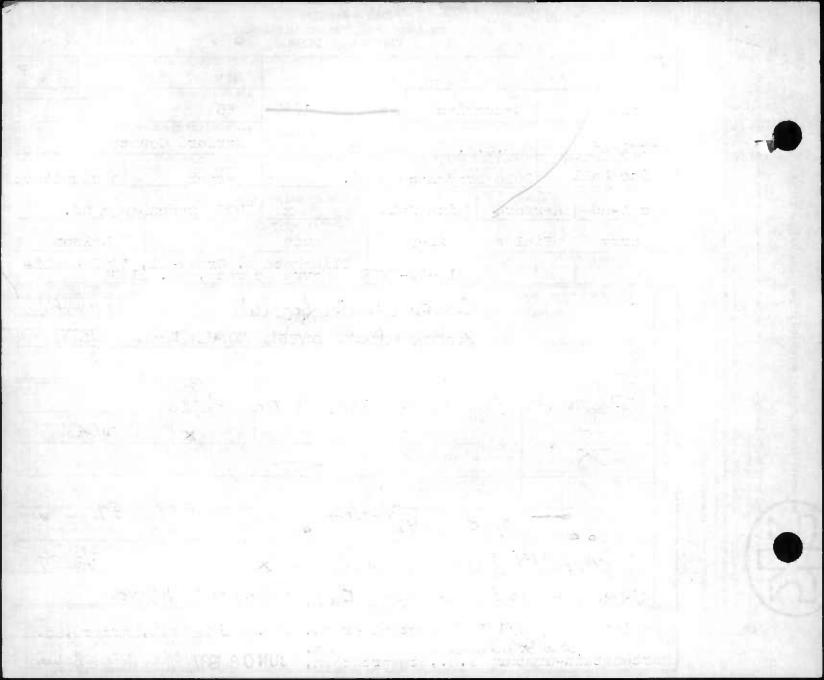
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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after retained by the hospital or attending physician.

BP______ DHMH - 16 50M 4 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 mould be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

FOR	Item 5 F	ilm G629	DEPARTA		OF MARYLAND EALTH AND MENTAL HY	GIENE O ==		g	73 1
		per FH S	SB	CERTIF	ICATE OF DEATH	REG	. NO.	/ 3	6-
1. DECEASED NAM		ROLD	NELSON	WIL	EV	Mary 20	, 198	GAY YEAR	2b. HOUR
3. SEX	****	14. RACE	TIBBOTI		F BIRTH 8-29-190	1		IF UNGER 1 YEAR	IF UNGER 24 HRS
Male			asian	May	29 1987	85	YRS.	MONTHS DAYS	HOURS MIN.
76. BIRTHPLACE (COUNTRY) Marvlar	_	76. CITIZEN OI	WHAT COUNTRY?	8. MARRIEI WIDOWE	DINEVER MARRIED	9. BALTIMORE CIT Harfor	Y OR COUNTY		M
White H	OF DEATH	11. NAME OF	HOSPITAL, NURSIN ICH FACILITY, GIVE STREET. Bradenba	G HOME C	R OTHER INSTITUTION	126 USUAL OCCUP	ST OF WORKING LIF	E) INDUSTRY	OF BUSINESS OF
USUAL RESIDENCE 130. STATE Marylar		OR OTHER INSTITUTION JUST Y	N. GIVE RESIDENCE BEFORE 13c. CITY OR TOW White H	AGMISSION)	13d. INSIDE CITY LIMITS?	13e. STREET ADDRE 3026 Br	SS	á	21161
14. FATHER'S NAM FIRST Harry	E	ields	Wiley		15. MOTHER'S MAIDEN N. Maude	AME	E		son
166 WAS DECEASE (YES NO OR UNKN	D EVER IN U.S. (OWN) (IF YES.	RMED FORCES? GIVE WAR OR DATES)	215-36		"Elizabetl Havre I	n W. Cres DeGrace,	well Md. 21	1003 708	Leslie
18 CAUSE C PART I. D		only one cause po SED BY: ATE CAUSE (o)_	er line for (a), (b), and	-Ual	calar Seci	Orat		BETWEEN APPROXI	NEDIGE
gove rise	if any, which to immediate	DUE TO, (b)_	or asia conseque	Scle	notes cerem	c-vascalar	Fusian	. 40	ONS.
underlying	stating the cause lost.	((c)_	DR AS A CONSEQUE					10	
	REMOVIE	tree Ta	unt Daca	10, (TARRETT TO THE PARTY OF THE PAR	ia = Ret	Bur.	100	
190. DATE OF	OVERATION	19b. CON	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	YES NO	20b. IF YES IN CERTIF YE	WERE FINDI	OF DEATH?
00.000.000.00	CAUSE OF I	EATH HOUR	OF INJURY A.M. MONTH DA P.M.	Y YEAR	21¢ HOW INJURY OCCU	RRED (ENTER NATURE OF	INJURY IN ITEM 18 P	ART I OR PART 2)	
GRECONTRIBUTE (IF EITHER NO 21d. INJURY WHILE AT WORK	NOT WHILE AT WORK		E OF INJURY TREET, FACTORY, OFFICE, F	ARM, ETC)	21f LOCATION STREET	CITYO	RTOWN	COUNTY	STATE
saw the	deceased alive		he oceased fram	7, 00	d that in (my) () apiniar	, ta, ta	e date and hou		, that (I) (last last last last last last last last
22b. SIGNAT		YEBS S	nolD		ATTENDING PHYSICIAN	MEDICAL S	TAFF SICIAN [22c. DATE	SIGNED 3087
JAN	ES F.	WHITE	E TR. 14	2	Box 97 V	watter 16	Mal 2	1084	
230. BURIAL, CREM (SPECIFY) Burial		236. DATE 6/1/			emetery or crematory Presb. Cen	23d location Cily or town	Hall.F	county	d.Md.
14 FUNERAL DIRECT	-11 - 1	. Xonh rsburn	F.H.,St		Pa. 256 DA	NO 8 1987	AR 256. REGIST	Par's SIGNA	TURE



23		OR PRINT)	A	W. CO. F. C. S.	meril .	4411	115	20 DATE OF DEATH			
noy be poge 3		1361417	F	PHAGASI	W	415	1. 2. 3 bi	JUNE			
E d is	3. SEX		4. RACE		5. DATE O		6 AGE (IN YEARS LAST BIR				
Poge 4		FEMALE	MP:	te		st 21,	74				
	7ar⊮BIF	RTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COUNTRY?		RY? 8.	NEVER A	AARRIED 🗆	9. BALTIMORE CITY C			
1 2 2		MARIJANA	U.S	5.A,	WIDOWE		Harton				
1 1 600		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) BEL ATT NURSING & CONVAIR			R OTHER INST	12a USUAL OCCUPAT				
100		El Air				cent Ce	FILE CLEH				
201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 es that the death cutilicate be accused with 24 paint please remove cut-rating of the form please remove cut-rating of the form oriol, cremotion. v. or other traumatic event, the medical examiner must before	13a. S		JTY	136 CITY OR TO		13d. INSIDE C	ITY LIMITS?	13e.STREET ADDRESS			
AND 2	en	largiand Hart	ford Cou	BEI		YES 🔣	NO 🗌	138 Hick			
	14_FA	THER'S NAME	WIOOFE	- LAST			MAIDEN NAM	EMIDOLE			
P 26 08 0			OGLEM	PrilEy		E	Amm.	F.			
Poger Poger		AS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SE		17 INFORMAN SSTET		838-7263ADDRI			
B 40 8		HO -	-	212-28-	212-28-8260		ortle m.	. COALE P			
1 215	1	18 CAUSE OF DEATH (Enter on	ly one couse pe	r line for (av, (b),	and to	1					
i se		PART I. DEATH WAS CAUSE IMMEDIAT	E CAUSE (a)	Cer	Who C	How	me				
otic of		DUE TO, OR AS ACONSEQUENCE OF									
death orthon orthon raumot		Conditions, if ony, which (b)									
the remo		gove rise to immediate couse (a), stating the DUE TO CHASEQUENCE OF									
that the d by the ease rem ol, cremo		underlying couse lost.	(c)	hoper	Chy V	M	Sola	Me CAM			
gne gne n pl buri		PART 2 OTHER SIGNIFICANT CONDITIONS CONTINUE ING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CON-									
5 cm C .5	CERTIFICATION										
2 9 8 9 9	ICA	190 DATE OF OPERATION	196. CONDITION FOR WHICH OPERA			N WAS PERFO	20a AUTOPSY?				
The lo	RTIF							YES NO			
IAN: The physicio physicio in thicote hold thouse in 18 shown in 1		210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	21b. TIME C		DAY YEAR	21c. HOW IN	JURY OCCURRE	D (ENTER NATURE OF INJU			
SIC rial fter	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER	1115	м.	19						
PHY e budit	AED!	21d INJURY OCCURRED		OF INJURY REET, FACTORY, OFFICE	CE FARM FIC)	211 LOCATIO	N	CITY OR TO			
DING PH or ottene After the e as the I olth and marked o	<	AT WORK NOT WHILE AT WORK					0.0	0/1			
		220 certify that (I) (this hospi	tol) oftended	e_deceosed from		78	19.80	10 (1/10			
R ATTEN hospital RECTOR red for u ipt of He		sow the deceased alive on above, (I) (e) I did) (and no	t) view the body	ofter death.	17/-(on	d that in (my)	our opinion de	eath occurred on the de			
OR A biREC biREC sched Dept f Item	-	22b. SIGNATURE	1		1. [EGREE					
Al Di	1	20 MART	Jun Ax		MI		TTENDING	DIRECTOR PHYSIC			
SPITAL d by the NERAL be det e Store	- 1	224 THE SELANIS NAME (THE	R PRIVITO			22e. ADDRES	5 6				
TO HOSPITAL OR AT retoined by the hosp TO FUNERAL DIRECT should be detoched fix with the State Dept to with the State Dept to IMPORTANT: If them 2		IBEN	0	EYZ	A	844	J.MA	7N JT., ,			
5 a 5 à ₹ ₹	23a B	URIAL, CREMATION, REMOVAL	23b. DATE	23	C. NAME OF CI	METERY OR (REMATORY	23d LOCATION			
8P	-	Buriel	JUNE Z	D, 787 -	BELANT	humanal	Gandens	BELAIR HO			

BETHA Elizabeth Will's

- STATE 7

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 CERTIFICATE OF DEATH

REG. NO 2b. HOU

OR COUNTY OF DEATH

of Count MD. 12b. KIND OF BUSINESS OR INDUSTRY GEVT. OF WORKING LIFE)

/ ZIP CQDE ory AvenuE

BECKIEY

YES [

SE Hickory AVENUE DEL ATT MATHEM ZIDIX APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

uvasi

IDITION GIVEN IN PART To

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

RY IN ITEM 18 PART I OR PART 2)

COUNTY

ate and hour and from the causes stated

22c DATESIGNED IAN

June 20, 1987 BEI for Memorial Gardons BEI Air, Harbord Co., Maryland 21014

NO |

STATE

SO W. Broadway & welliams & 24. FUNERAL DIRECTOR melinen folio BEL Air Mangly 21014

250 DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/B4 (VRA 15, 4)

the state of the s The state of the s The same of the sa TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed

etoined by the hospital or attending physician.

BP.

IMPORTANT: If Item 21 is morked or Item 18 shows ony injury, or other troumotic event, the medical TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and should be detached for use as the burial-transit permit. Then please remove corbanpopers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

1567

nd in by the funeral director, page 3 id be filed within 72 hours ofter death

Nat hours ofter death. Page 4 may be

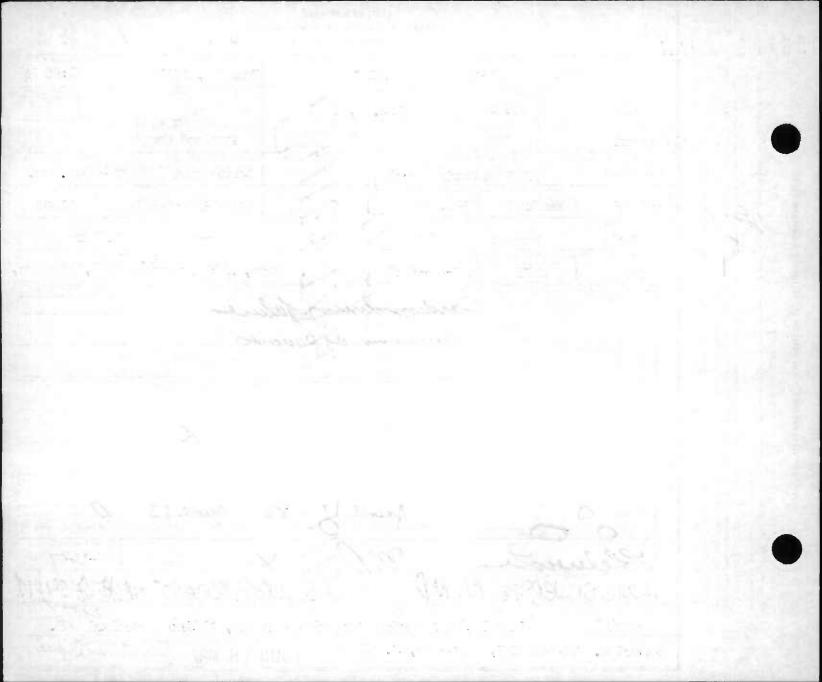
STATE OF MARYLAND FOR STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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3. SEX		OOE		APOT.											1
3. SEX	Male	Male White			5. DATE OF BIRTH Oct. 3, 1921 VEAR								MONTHS DAYS HOURS MIN		
Abingdon 2708 Emmorto				WHAT COUNTRY?	7? 8. MARRIED XNEVER MARRIED WIDOWED DIVORCED			ED 📙	9 BALTIMORE CITY OR COUNTY O Harford County						
				morton R					120 USUAL (TYPE OF WOR ACCO			12b. KIND OF BUSINESS OF			
lar	yland	13b COU		Abing Cor	ADMISSION)	YES			13. SIREEI 2708	ADDRESS Emmo	/ ZIP COI	Road		2100)9
4 FAT	Clyde		Forest	Wingo)	15. MC	OeT st	DEN NAM	ΛE	MIDDLE		Mil	ler		
	AS DECEASED EVE S. NO OR UNKNOWN) Yes	(IF YES, GIV	MED FORCES? VE WAR OR DATES) WIT	166 SOCIAL SECUI			el L.	Wing	jo, 27	ADDI	morto	2100 on Roa	9 d,A	bin	gdo
CATION	PART 2 OTHER SIG	SNIFICANT ((c) CONDITIONS <u>CC</u>	R AS A CONSEQUE DITRIBUTING TO D ITION FOR WHICH (EATH BUT			HE TERMIN	NAL DISEAS		20b. IF Y	ES, WERE FI	INDING	GS USED	
F	21g. ACCIDENT WAS U	unrawa c	7 216. TIME O	F 11110V				YES NO YES			res 🗌				
MEDICAL	OR CONTRIBUTING [CAUSE OF DEADICAL EXAMINER	HOUR A.	m. month da m.	19		OCATION STREET	OCCURRE	ED (ENTERNA	CITY OR T		COUNT	_	S	TATE
2	sow the leceo	(this hospi	tol) ottended the		Tues, on	nd that i	(our)	86 opinion de	, toeath occurre	d on the d	date and ho	., 19		not (I) (v	
	ELI	uec	de		m	DEGREE	ATTENI PHYSIC	DING	MEDICAL DIRECTOR	STA PHYSI	IFF CIAN []			1GNED 3-87	
	LOUIS S	ILVER	STEIV	V, MD		20	DDRESS 13 S.	WAS	SHIN	STOW	ST:	HURE	WE	BRA	F
(5P	PECIFY) Burial	I, REMOVAL	June 1	6,1987 Ha				Gard		Aldi		Harfor		Ma.	TATE
HO HO	ward K. I	McComa	s III,	Abingdon,	Md. 2	1009	9	JUN	REC'D. BY R	EGISTRAF	25by REGIS	TRAB'S SIG	NATY	RE	4

DHMH - 16 60M 7/8 (VRA 15, 4)



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO MIDDLE 2a. DATE OF DEATH 2h HOUR STEUA 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) MONTH 29 21 10 To. BIRTHPLACE (STATE OR FOREIGN 7b. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED DIVORCED 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 10. CITY OR TOWN OF DEATH 12h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Luchenette Aberdeen USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION OF RESIDENCE BEFORE ADMISSION) HAR FOR 13e STREET ADDRESS / ZIP CODE 13c. CITY OR TOWN 13d, INSIDE CITY LIMITS? berdeen 15. MOTHER'S MAIDEN NAME LAST ANDONE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT 18. CAUSE OF DEATH (Enter only one couse per ling for 10), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o Conditions, if any, which couse lat stating the DUE TO: OR AS A CONSERVENCE OF underlying couse last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 70s AUTOPSY 20s. IF YES: WERE FINDINGS LISED! 1% CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO IT 21b. TIME OF INJURY THE HOW INJURY OCCURRED (ENIES HATURE OF TVILET IN THE WILL THREE TO CHEPART ?) HOUR A.M. MONTH DAY 711. LOCATION 21e PLACE OF INJURY LAT HOME STREET FACTORY, OFFICE FARM, ETC I EBUNITY BLASS

IN DATE OF OPERATION 31s ACCIDENT WAS UNDERLYING OR CONTRIBUTING [] CAUSE OF DEATH OF EITHER NOTIFE HISTORIAL EXAMINERS 214 INJURY OCCURRED (this hospital) attended the decrased from rr) opinion death occurred on the date and hour and from the causes stated did not yew the body after death ATTENDING DIRECTOR PHYSICIAN

23: NAME OF CEMETERY OR CREMATORY

Holy Redeemen

DHMH - 16 60M 7/84

MPORTANT 54

(VRA 15, 4)

24 FUNERAL DIRECTOR Jarring Funeral Home.

Burial

736 DATE

6/4/1987

73s HURSAL, CREMATION, REMOVAL

FOR

REGISTRAR

DECEASED NAME

. - STATE

CTYPE OR PRINT

Pen ennd.

13a. STATE

14. FATHER'S NAME

UD

CERTIFICATION

3. SEX

Aberdeen. Md.

234 LOCATION

enna.

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

